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THE JOURNAL

OF THE

American Medical Association

APRIL 24, 1954

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Volume 154, No. 17 Published Weekly at 535 North Dearborn Street, Chicago 10, Illinois. Subscription, $15. Single Copy, 45 cents

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In the May Number of the PEDIATRIC CLINICS OF NORTH AMERICA there is a 12-clinic Symposium on important recent advances, *plus* an outline (from the National Foundation) on today's management of poliomyelitis.

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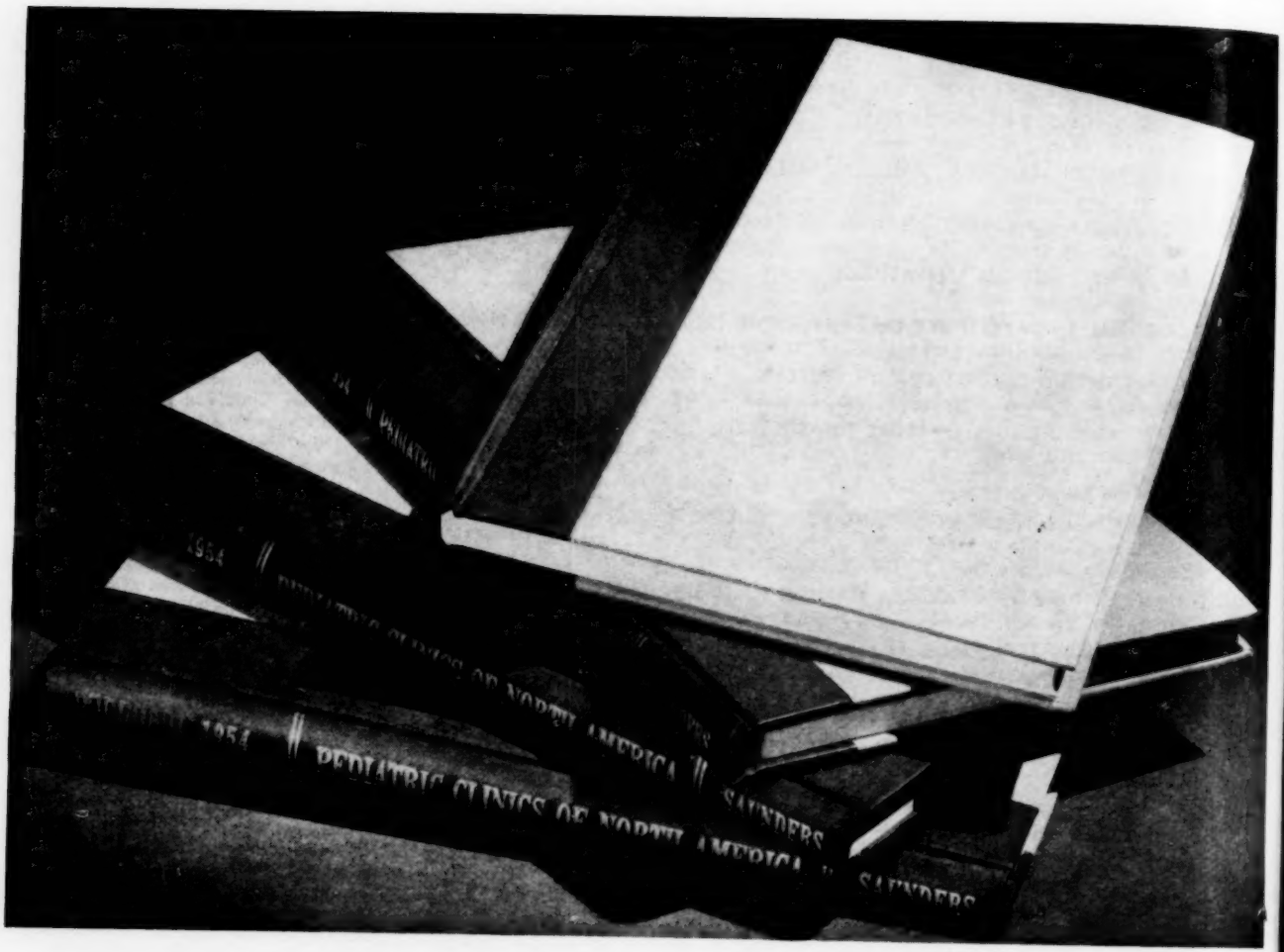

The PEDIATRIC CLINICS are the new quarterly periodicals that bring you *an on the spot picture of current practice in America's leading centers of child care.* Each number contains a Symposium, or two Symposia, on topics of current interest; contributions are invited from leading pediatricians. The level of all presentations is an intensively practical one.

A few copies remain of the February Number, on *Cardiovascular Disease in Children.* Complete contents of the current May Number appear on the facing page. The August Number will be devoted to *Care of the Premature.* The November Number will contain two Symposia: 1, *Pediatric Accidents and Emergencies;* and 2, *Pediatric Allergy.*

THE JOURNAL of the American Medical Association is published weekly by the American Medical Association. Subscription price, $15.00 a year, 45c a copy. Canadian $16.50. Foreign $19.00. Entered as second class matter June 25, 1885, at the Postoffice at Chicago, Ill., under act of March 3, 1879. Address all communications to American Medical Association, 535 N. Dearborn St., Chicago 10, Illinois

THE JOURNAL
of the American Medical Association
Published Under the Auspices of the Board of Trustees

VOL. 154, NO. 17 CHICAGO, ILLINOIS APRIL 24, 1954
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PITFALLS IN THE DIAGNOSIS OF POLIOMYELITIS

Robert Britt, M.D., Amos Christie, M.D.
and
Randolph Batson, M.D., Nashville, Tenn.

Despite tremendous strides that are being made in regard to the pathogenesis and epidemiology of acute poliomyelitis, it continues to be one of the most difficult of all diseases to recognize accurately. An increasing amount of experience with this entity has made us approach the diagnosis of this disease with more humility and more respect for the pitfalls that often arise. Knowledge that is accumulating regarding the causative virus, its immunologic response in the human being, and the similarity of the clinical manifestations of this disease to that of other diseases constantly remind us of the many errors that we have undoubtedly made in the past. It is unfortunate that we do not have and will not have in the near future a practical, reliable, inexpensive laboratory test available to all physicians. For this reason we must rely almost entirely on our history and physical examination. The usual laboratory studies, often misleading, are important principally in eliminating the consideration of other diseases.

In reporting the referring diagnoses and the mistakes that were made, we would like to emphasize that in many cases we on first impulse concurred with the mistaken diagnosis. In some instances only after an advantage of several days' observation did we arrive at what we considered the accurate diagnosis.

During one year 140 patients with poliomyelitis were admitted to Vanderbilt Hospital. It should be pointed out, however, that the greater number of these had moderate to extensive paralysis, since in this area the policy is to treat nonparalytic and mildly paralytic cases at home whenever possible. Every effort was made to get accurate information on these 140 admissions. The results are shown in the table and reveal an error of only 10%. This, we believe, might be considered a good record.

During this same period 23 other patients were referred to Vanderbilt Hospital with a diagnosis of poliomyelitis but these actually had other diseases. If we add these to the 14 mistaken diagnoses previously mentioned, we find that there was an over-all error of 22%. It would seem from this that few cases of poliomyelitis are overlooked but that in many patients the diagnosis of the disease is wrong. These 23 cases may be placed in a classification that we have devised (fig. 1), and a short case report is presented as a characteristic example of each category.

REPORT OF CASES (NONPARALYTIC DISEASES)

Meningococcic Meningitis.—A 12½-year-old white girl was referred to us with a diagnosis of poliomyelitis and symptoms of headache for 24 hours, general malaise, pallor, anorexia, weakness, and pain in the posterior part of the neck. She was delirious and vomited on one occasion. On the day of her admission to the hospital fever and a generalized "purple" rash developed in the patient. Physical examination revealed a lethargic, restless girl who had moderate photophobia, a diffuse petechial ecchymotic rash, and a temperature of 102 F. There was moderate rigidity of the neck and spine, Brudzinski's and Kernig's signs were positive, and the deep tendon reflexes were normal. Examination of the cerebrospinal fluid revealed a count of 56 leukocytes, all of which were polymorphonuclear. There were 68 mg. per 100 cc. of sugar and 25 mg. per 100 cc. of protein. Gram-negative intracellular diplococci were seen in smear studies, and meningococci were found in cultures of the fluid. The patient received therapy with antibiotics, improved rapidly, and was discharged on the sixth hospital day.

Brain Tumor.—In a 5-year-old white girl referred with a diagnosis of poliomyelitis intermittent headaches had developed four weeks prior to admission. She had a generalized seizure one week before admission, followed by frequent vomiting and progressive drowsiness. There had been no known fever. Physical examination revealed a semicomatose patient with a temperature of 101 F. Funduscopic examination revealed bilateral papilledema. Brudzinski's and Kernig's signs were positive. The deep tendon reflexes were hyperactive, and Babinski's sign was elicited bilaterally. Examination of the cerebrospinal fluid revealed 24 white blood cells with 18 polymorphonuclear leukocytes. Ventriculograms taken before a craniotomy revealed a glioma of the third ventricle.

Tick Typhus.—Eight days before admission, fever, anorexia, malaise, and headache had developed in a 5-year-old white boy. Five days prior to admission he complained of a sore throat, and a generalized "measly" rash developed. One day before admission the child became delirious and vomited several times. There was no complaint of stiff neck. Physical examination revealed an acutely ill, lethargic child with a temperature of 102 F. and a generalized petechial rash. There were many small, nontender lymph nodes. The spleen was palpable one fingerbreadth below the left costal margin. There was moderate rigidity to anterior neck flexion and slight edema of the ex-

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This study was made possible by a grant from the National Foundation for Infantile Paralysis.

tremities. Deep tendon reflexes were equal and active. Tests of the cerebrospinal fluid showed no cells, 57 mg. of protein per 100 cc., and 40 mg. of sugar per 100 cc. An agglutination reaction of 1:10 with the strain Proteus OX19 (Widal-Felix reaction) was obtained in a test when the patient was first admitted; one week later, the dilution was 1:320.

Fecal Impaction.—A 2½-year-old white girl with a chief complaint of stiff neck and stomach-ache was referred with a diagnosis of poliomyelitis. Four to five hours prior to admission she awoke from a nap and cried with abdominal pain. She was afebrile and did not vomit. Her mother noted stiffness of her neck and took her to a physician who referred the patient to Vanderbilt Hospital as possibly having poliomyelitis. Examination revealed a well-developed and well-nourished irritable child with a temperature of 101 F. There was marked muscle guarding and pain on abdominal palpation. There was questionable stiffness of the back. One observer elicited equivocal Brudzinski's and Kernig's signs and concurred with the impression of the referring physician. Lumbar puncture revealed cerebrospinal fluid findings within normal limits. A subsequent rectal examination revealed a very large fecal impaction. After a large amount of hard fecal material was removed, the patient made an immediate recovery.

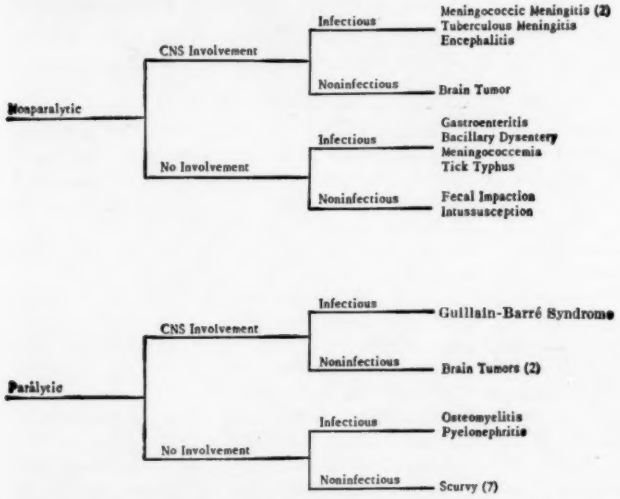

Fig. 1.—Summary of types of diseases mistakenly diagnosed as poliomyelitis (23 cases). CNS refers to the central nervous system.

REPORT OF CASES (PARALYTIC DISEASES)

When paralysis develops in a patient, the differential diagnosis appears to be simplified. This, unfortunately, is not true as the following cases illustrate. Here the importance of a complete history is self-evident, and the ever-present possibility of pseudoparalysis should be kept in mind.

Guillain-Barré Syndrome.—A 6½-year-old white girl complained of pain in both hips five days prior to admission. This condition was progressive and associated with anorexia, malaise, and "low grade fever." On the morning of her admission to the hospital, right facial weakness was noted, and the patient vomited. She was referred to us with a diagnosis of poliomyelitis. Her temperature, taken when she was admitted, was normal, and the child appeared alert and not acutely ill. There was moderate nuchal rigidity. Right facial weakness was marked. During hospitalization the patient became weak and the deep tendon reflexes were hypoactive. Tests of the cerebrospinal fluid revealed 6 white blood cells, 3 of which were lymphocytic; 344 mg. of protein per 100 cc.; and 58 mg. of sugar. The child was afebrile during the hospital course, made a rapid improvement, and had a complete return in motor function.

Brain Tumor.—A 7-year-old white boy entered the hospital with the chief complaint of "weak left leg and arm and seeing double." He was referred from his physician with a diagnosis of poliomyelitis. The patient's history revealed that he had had rather severe intermittent headaches for the last two months and for one month he had been noted to drag his left foot and to hold his left arm in slight flexion. He was seen by a chiropractor and, after "adjustments," was temporarily free of headache and able to straighten his left arm. He was kept in bed for two weeks after his family physician decided he had poliomyelitis. Still later he was seen by two consulting physicians who concurred with the diagnosis and prescribed a left leg brace. There was no history of fever, vomiting, or stiff neck. When admitted, the patient was afebrile, well developed, and well nourished, and did not appear acutely ill. There was right facial weakness, marked bilateral papilledema, and weakness of the left arm and leg. The left arm was held in flexion with fist clenched. The left foot was in moderate internal rotation. Brudzinski's and Kernig's signs were negative. The neck was supple. Babinski's sign was elicited on the left side. Ventriculograms and craniotomy revealed a right temporal lobe tumor.

Osteomyelitis.—A 7-year-old white girl with the chief complaint of "pain and weakness of the right arm" was referred to the hospital with a diagnosis of poliomyelitis. Three days prior to admission headache, malaise, and anorexia had developed in the patient. Two days prior to admission she complained of pain and a "tingling" sensation in the left elbow and shoulder. Forty-eight hours prior to admission she refused to move or use her left arm and was thought to have fever. Examination revealed an acutely ill girl with temperature of 102 F who was drowsy but well oriented. The neck was supple. Brudzinski's and Kernig's signs were negative. There was apparent weakness of the left arm with slight swelling and tenderness in the left deltoid area. Lumbar puncture revealed

Patients Admitted to Vanderbilt Hospital with Referring Diagnosis of Poliomyelitis (140)

Corrected Diagnosis	No. of Patients
Poliomyelitis	126
Unknown	8
Meningitis	3
Diphtheria	1
Tachycardia	1
Anal fistula	1

normal cerebrospinal fluid. The patient was treated for osteomyelitis and after several days roentgenograms of the left humerus showed a destructive lesion.

Pyelonephritis.—Referred as having poliomyelitis was a 10-year-old white girl with a chief complaint of "pain across hips and pain on movement of legs." Ten days before admission intermittent frontal headaches with a persistent high fever had developed. Two days later the patient had complained of hip pain accentuated by leg movements. Three days prior to admission she was unable to walk because of severe pain in the hips. There appeared to be no muscular weakness. Her physician gave her penicillin and sulfadiazine to which she did not respond. She was then referred to Vanderbilt University Hospital with the diagnosis of poliomyelitis. Physical examination revealed an acutely ill but alert girl. The neck was supple. Deep tendon reflexes were equal and active. Brudzinski's and Kernig's signs were negative. She had generalized abdominal tenderness on deep palpation and refused to move either lower extremity. There was minimal costal vertebral angle tenderness. Urinalysis revealed numerous white blood cells and heavy growth of coliform bacilli when a culture was made. Complete clinical recovery occurred after therapy with chloramphenicol (Chloromycetin).

Scurvy.—A 9-month-old white infant was referred with a diagnosis of poliomyelitis because of his inability to move his right leg. The patient became progressively more irritable during the two weeks prior to admission. Later he was noted to cry when his legs were passively moved. No fever or vomiting were present. Orange juice had been given sporadically. Examination revealed a husky well-developed, well-nourished boy who was exceptionally irritable and had an anxious facial expression. There was sharp costochondral beading. The patient held his lower extremities in a frog-leg position and refused to move them. Deep tendon reflexes were equal and active. The

neck was supple, and Brudzinski's and Kernig's signs were negative. A roentgenogram taken of the long bones revealed changes characteristic of scurvy. There was no vitamin C level.

Hysteria.—A 12-year-old white girl was referred with the diagnosis of poliomyelitis. Her mother was a nurse in the Vanderbilt poliomyelitis unit. The chief complaint was "headache, pain and paralysis of left extremities." The patient was described as an emotionally labile child who had enuresis until 8 years of age. Three days prior to admission the patient had a headache with fever and vomited. Two days before admission weakness and pain in the right arm and left leg was noted. This progressed rapidly, with loss of motor function in the left upper and left lower extremities. Headache persisted without fever. On the day of admission the patient had paralysis of entire left side with complete sensory loss. Physical examination revealed an afebrile girl who did not appear ill and was mentally alert and oriented. There was complete paralysis and anesthesia of the left side of the body sharply limited to the midline. Deep tendon reflexes were equal and active. There was no nuchal rigidity, and Brudzinski's and Kernig's signs were absent. Cerebrospinal fluid findings were within normal limits. On the second hospital day the patient had completely recovered.

COMMENT

The seasonal incidence of poliomyelitis is well recognized and quite constant; however, it may occur throughout the year. In one year, 24 patients who had this disease were admitted to Vanderbilt Hospital after Oct. 1, with the last of the acutely ill patients being admitted on Dec. 25. Also we have found that mistakes have been made because the physician probably did not fully appreciate the fact that poliomyelitis is a disease of adults as well as children. The ages of the patients admitted in one season ranged from 6 weeks to 56 years, and 26.4% of all patients admitted were over 15 years of age. One should, therefore, consider the diagnosis of poliomyelitis in all age groups and during all seasons.

The examining doctor should inquire about contact with persons who may have had poliomyelitis. In 1951, 12.8% of 140 patients admitted had definite contact within 21 days before the onset of symptoms with persons who were known to have poliomyelitis. It becomes increasingly apparent that much may be gained by having a complete history that includes not only known contacts but contacts with patients whose minor symptoms may have been caused by poliomyelitis.

SYMPTOMS AND SIGNS OF POLIOMYELITIS

Approximately one-half of the patients with poliomyelitis have a prodrome prior to the onset of the paralytic phase. This biphasic course is illustrated in figure 2. The prodome lasts one to three days and is associated with respiratory symptoms, gastrointestinal disorders, or slight nuchal rigidity. The patient is then asymptomatic for several days before the onset of the paralytic febrile period. Such a history may prove to be of considerable diagnostic value. The usual symptoms of poliomyelitis, such as fever, headache, vomiting, stiff neck, muscular sensitivity, and muscular weakness, are of course well recognized. Physical examination should include neurological survey since spinal nerves, the cranial nerves, and the centers for cardiovascular and respiratory control may be involved. One might suspect poliomyelitis by the manner in which these patients maintain their spine in a rigid, fixed position. If sitting in bed, the patient usually assumes the "tripod" position, with both arms bracing himself posteriorly; however, this sign may be present in any condition that causes meningeal irritation. Other signs of meningeal sensitivity such as Kernig's and Brudzinski's are usually present. Muscular pain is variable and when present is accentuated when the body of the sensitive muscle is compressed. Muscle spasm can be demonstrated in many patients, showing that such a muscle cannot be carried to full relaxation without causing visible tightening of the muscle and pain to the patient. Paralysis is, of course, always recognized; paresis or weakness of a muscle may be overlooked more often than not. Care should be taken in distinguishing between true paralysis and pseudoparalysis such as occurs in scurvy, fractures, osteomyelitis, perinephric abscesses, and hysteria. It is interesting that in one year 14 cases of scurvy were seen on the pediatric service of Vanderbilt University Hospital and half of these were referred as poliomyelitis.

It is well always to note the presence or absence of sensory changes. Hyperesthesia is not an uncommon finding in poliomyelitis; however, anesthesia is rarely present. The patients whom we have seen with hysterical reactions due to "poliophobia" usually have numbness in the part showing pseudoparalysis. During the early stages of the

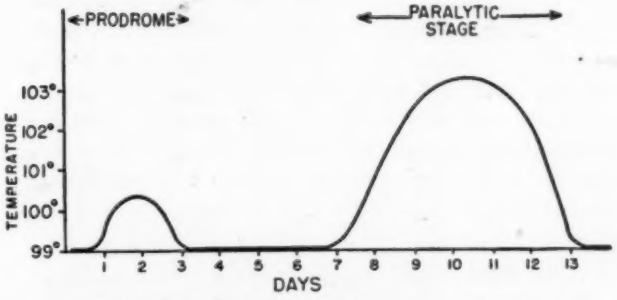

Fig. 2.—Illustration of biphasic clinical course of poliomyelitis, occurring in about one-half of patients with this disease.

disease, reflexes may be normal, hypoactive, or hyperactive, so that testing at this stage is of no diagnostic value unless marked asymmetry should be present.

One should be extremely cautious in the interpretation of the usual laboratory studies. The peripheral white blood cell count is of little help, and, in reviewing the records of 127 patients, we found the blood cell count to show under 10,000 in 74 cases and over 10,000 in 53 cases. The spinal fluid leukocyte count is of considerable more diagnostic importance, but it should be emphasized that the disease may be present with a normal leukocyte count. In this series of 140 cases, the cerebrospinal fluid cell counts varied from zero to 3,000; in 10 cases, cell counts were less than 10 cells per cubic millimeter. Tests on four patients with paralysis showed no cells. We usually think of spinal fluid protein as being elevated in poliomyelitis; however, at least one-third of our patients have had normal quantitative values when they were admitted. With repeated spinal fluid examinations later in the course of the disease the number showing spinal fluid protein elevation would no doubt have increased. In poliomyelitis spinal fluid sugar content is characteristically normal.

SKIN TEMPERATURES IN PERIPHERAL VASCULAR DISEASE

A DESCRIPTION OF THE THERMISTOR THERMOMETER

Travis Winsor, M.D., Los Angeles

The importance of thermometric measurements in clinical and experimental medicine is well known; however, such studies often are neglected because the apparatuses available are not sufficiently reliable for clinical use or are too bulky to be carried as part of the physician's examining instruments. Many of the available instruments have certain disadvantages. Thermocouples such as those made by the U. M. A. or Rauh companies have only a single channel (one sensing element), which must be moved from one area of the skin to another in order to make consecutive measurements of skin temperature on different portions of the body. Differences in contact pressure can alter the results of such studies. Thermopiles such as the Dermalor also present technical difficulties because of the necessity for maintaining constant pressure and because they are extremely delicate. An especially undesirable feature of all three of these instruments is the necessity for frequent recalibration against room temperatures, a time-consuming procedure that allows inaccuracies to enter into the results. Potentiometers of the indicating type based on the Wheatstone bridge principle, such as the Thermohm, are accurate but are slow to use because the bridge must be balanced manually for each skin temperature measurement. Potentiometers of the recording type, such as the Brown potentiometer, are excellent but expensive and are not portable.

In order to overcome these disadvantages or undesirable features, the thermistor was employed in the construction of the thermistor thermometer, an accurate, inexpensive, easily portable, multichannel unit that is capable of recording temperatures from the skin, muscle, rectum, mouth, axilla, or other vascular areas. Because the thermistors are attached and left in place during the entire course of the study, variations in skin temperatures as a result of differences in contact pressure do not occur.

DESCRIPTION

The thermistor thermometer is essentially a Wheatstone bridge in which the sensing elements (thermistors) form one active leg (fig. 1). A change in thermistor resistance due to temperature unbalances the bridge, and the extent of this change is read directly on the meter in terms of degrees centigrade or Fahrenheit. It is not necessary to balance the bridge manually for each measurement. The unit measures 5.25 by 4.5 by 8.25 in. (13.3 by 11.4 by 21 cm.) and weighs only 3.25 lb. (1.6 kg.). It is equipped with a jack so that it can be coupled to a recorder such as the Twin-Viso or Poly-Viso, and measurements of skin or other temperatures can be recorded graphically.

The instrument's accuracy was checked by comparing the readings obtained by measuring the temperature of water with those obtained with a National Bureau of Standards thermometer (see table). The thermistor thermometer was found to be accurate to 0.1 C, which is a greater degree of accuracy than is required for most clinical purposes. The unit can be equipped with any number of thermistors (sensing elements); we have found three to be most practical for general use. In certain types of experimental work an instrument with 10, 20, 30, or almost any number of thermistors could be used; on the other hand, for limited clinical application a small unit with only one sensing element might be adequate. The thermistor thermometer equipped with only one thermistor is no larger than a couple of packages of cigarettes and can be carried in a pocket.

Operative Technique.—The sensing elements (thermistors) are fixed with cellulose tape to the areas of skin to be studied, usually the dorsum of the index finger and dorsa or balls of the right and left second toes (fig. 2). With the lead selector switch on A (adjust), the on-off switch is rotated until the needle of the meter points to 40. The instrument is then in proper adjustment and is ready for use. Calibration against room temperature is not necessary. The lead selector switch is then turned to lead 1, 2, or 3, and measurements of temperature are obtained from the respective thermistor positions. Only five seconds are required for the needle to come to rest after the lead selector switch is moved from one position to another. The instrument may be left on for many hours at a time, as the drain on the battery is minimal.

CLINICAL APPLICATIONS

Detection of Organic Vascular Disease.—After a vasodilating procedure (administration of a posterior tibial block with mild body heating and 2 oz. [60 cc.] of whisky orally) and with a room temperature of 24 ± 1 C, the temperature of the skin of the toes should reach 36 C in the presence of an essentially normal skin circulation. However, many persons with organic arterial disease will have skin temperatures of 36 C under these conditions even though their plethysmograms are abnormal.[1] Skin temperatures of 34 C and 35 C after vasodilatation are abnormal and indicate moderately decreased skin circulation. Temperatures of 30 C and 31 C denote a more marked decrease in skin circulation; a study of 15 such cases showed that in 10% of the cases the disease progressed to gangrene in six months. When the temperatures of the skin after vasodilatation fail to exceed 29 C, advanced organic arterial disease usually is present; in 15 such patients, gangrene of the toes developed in 80% in the subsequent six months.

From the Department of Medicine, School of Medicine, University of Southern California.

The studies of skin temperature were supported in part by grants from the Los Angeles Heart Association and were carried out by Mrs. Grayce Fleming.

1. Winsor, T.: Clinical Plethysmography: I. An Improved Direct Writing Plethysmograph, Angiology **4**: 134-148 (April) 1953. Winsor, T.: Clinical Plethysmography: II. Plethysmographic Procedures of Clinical Importance, ibid. **4**: 149-164 (April) 1953.

Measurements of skin temperatures of the digits after vasodilatation are useful in detection of vascular disease such as thromboangiitis obliterans (Buerger's disease). Usually the thermistors are attached on one hand (1) to a finger that appears normal, (2) to one that appears slightly diseased, and (3) to a finger that appears severely diseased. The presence of organic disease is shown by

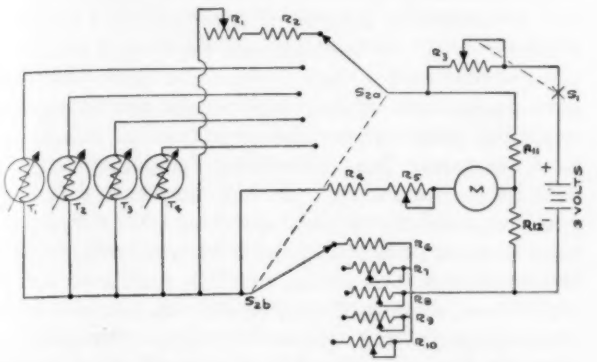

Fig. 1.—Schematic diagram of a thermistor thermometer with four sensing elements. M, temperature indicating meter; T_1, T_2, T_3, and T_4, thermistors; R_1, R_2, and R_6, bridge voltage standardizing resistors; R_3, bridge voltage supply resistors; R_4 and R_5, maximum scale calibrating resistors; R_7, R_8, R_9, and R_{10}, thermistor balancing resistor; R_{11} and R_{12}, fixed bridge resistors; S_1 coupled to R_3 switch.

differences in temperatures among the digits after vasodilatation. These variations often are more apparent if the part is first cooled and the rate of warming is then measured. A difference of more than 1 degree centigrade generally is significant.

*Comparisons of Temperature Measurements Made with the Thermistor Thermometer and with a National Bureau of Standards Thermometer**

	National Bureau of Standards Thermometer	Thermistor Thermometer	Difference
	21.6	21.6	0
	21.9	22.0	0.1
	22.9	22.9	0
	23.5	23.6	0.1
	24.0	24.1	0.1
	24.5	24.6	0.1
	25.4	25.5	0.1
	25.9	25.9	0
	26.2	26.2	0
	27.1	27.2	0.1
	36.0	36.0	0
	36.3	36.4	0.1
	36.5	36.6	0.1
	37.0	37.0	0
	38.5	38.5	0
	40.0	40.0	0
Mean	29.2	29.2	0.050
Minimum	21.6	21.6	0
Maximum	40.0	40.0	0.1
Standard deviation	6.9	6.7	0.042
Coefficient of variation, per cent	±23	±23	84

* In degrees centigrade.

Differentiation of Functional from Organic Arterial Disease.—High grade functional vasoconstriction is present when a strong vasodilating procedure (posterior tibial nerve block, body heating, and 2 oz. of whisky given orally) increases the skin temperature by 10 or more degrees centigrade so that the temperatures approach or reach 36 C. High grade organic disease generally exists if, after vasodilatation, no significant increase in skin temperature is produced and the temperature does not exceed 29 C. Characteristically, such disease states as Raynaud's disease, acrocyanosis, reflex sympathetic dystrophy, chronic phlebitis with vasospasm, trench foot, frostbite, and causalgia are primarily functional, while arteriosclerosis obliterans, arterial emboli, thromboangiitis obliterans, periarteritis nodosa, arterial thrombosis, and diabetes with arterial disease are primarily organic. A variable amount of functional vasoconstriction is present, however, in most cases of organic disease, and it is extremely important to estimate this functional component accurately in order to prescribe appropriate medical or surgical treatment.

Location of Lesions in the Arterial Tree.—Three leads are applied to a single extremity—one on the toe, one on the ankle, and one below the knee. Vasodilatation is then produced by means of indirect body heating and administration of 2 oz. of whisky orally. Low temperatures of

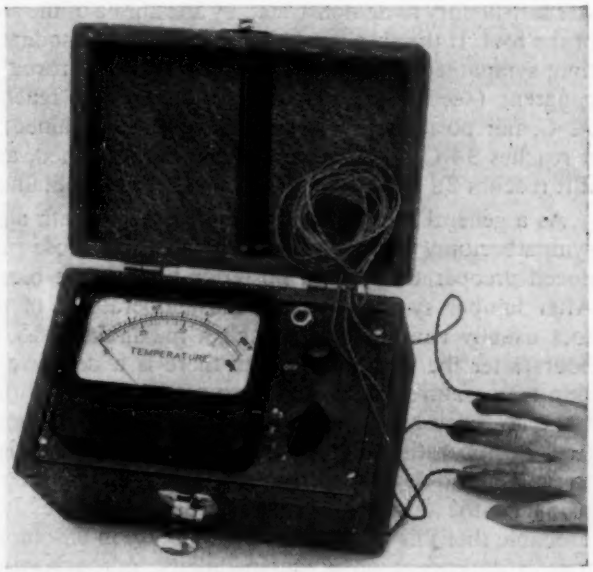

Fig. 2.—Thermistor thermometer with three sensing elements attached to fingers with cellulose tape.

the toes with higher temperatures at the ankle and below the knee suggest obstruction of the digital arteries. Low temperatures of the toes and ankle and a higher temperature below the knee suggest popliteal obstruction. Low temperatures of the toes, ankle, and calf suggest obstruction of the femoral or iliac artery.

Determination of the level at which amputation may be necessary can be facilitated by measuring these temperature gradients. Amputation is usually necessary well above the line of temperature change on the limb. For example, if the temperatures at the calf, ankle and toe are below normal, amputation above the knee usually is indicated. If the areas below the knee are warm while those of the ankle and toe are cold, amputation above the knee may still be necessary but amputation below the knee should be considered. Warm temperatures at the calf and ankle with cold temperatures at the toe suggest that a below-the-knee, transmetatarsal, or digital amputation would be successful.

Serial Measurements in Following Course of Arterial Disease.—Progressive organic obstruction is suspected when successive measurements show a decrease in skin temperature on examination after administration of a nerve block, indirect body heating, and 2 oz. of whisky given orally. Progressive functional changes are present when examinations performed in a room of near constant temperature show serial changes in skin temperature before vasodilatation but little or no change after vasodilatation.

Determination of Possible Benefits of Lumbar or Cervical Sympathectomy.—The patient is examined in a room with a temperature of 24 C ± 1 C. Vasodilatation is produced by administration of a posterior tibial nerve block and of 2 oz. of whisky given orally. If the skin temperature of a toe is less than 29 C after vasodilatation, indications are that the outcome of sympathectomy will be poor.[2] Generally speaking, sympathectomy is not advisable if the test shows similar results on two occasions—provided, of course, that the posterior tibial nerve block was satisfactory as demonstrated by anesthesia of the sole of the foot. If the skin temperature falls after vasodilatation, sympathectomy may be harmful and may result in gangrene (see below).[3] If the skin temperature reaches 32 C, fair postoperative results usually are obtained; if it reaches 34 C, good results usually are obtained, and if it reaches 36 C, excellent results usually are obtained.

As a general rule, skin temperatures one month after sympathectomy are very slightly higher than those produced preoperatively by a posterior tibial nerve block. After lumbar sympathectomy, the temperatures of the toes usually rise slowly to reach a maximum 8 to 12 hours after the operation. Often there is a decrease in skin temperature for the next two or three days, with a static level being reached as late as a month after operation. Postoperative skin temperatures vary from patient to patient and depend to some extent on the amount of pain and the duration of the surgical procedure. It is probable that this postoperative variability in vasomotor tone is dependent on adrenomedullary, adrenocortical, and peripheral sympathetically liberated vasoconstrictive agents.

Assessment of Relative Values of Medical Therapeutic Agents and Procedures.—Proper use of the thermistor thermometer makes possible the objective comparison of the effects of medical agents with the results of a posterior tibial nerve block (which is comparable to the results of a sympathectomy). In most cases of disease of the lower extremity, higher skin temperatures result from sympathectomy than from medical therapy; however, the two types of therapy combined are better than either alone. In general, blood flow to the skin is increased by relaxation, alcohol, heat, and administration of tolazoline (Priscoline) hydrochloride or phentolamine (Regitine), and is decreased by stress, tobacco, cold, and the administration of arterenol (nor-epinephrine) and other drugs. Sympathectomy, nerve blocks with procaine, alcohol, and indirect body heating are highly effective in increasing the circulation to the skin, especially to the digits.[4]

Evaluation of the Completeness of Sympathectomy and Detection of Return of Sympathetic Function.—Posterior tibial nerve blocks are performed one month and one year after surgery. If the nerve block fails to produce an increase in skin temperature one month after sympathectomy, the conclusion is reached that the surgical procedure has interrupted sympathetic function completely. An increase in skin temperature following posterior tibial nerve block one year after surgery indicates that sympathetic function has returned. Regrowth of sympathetic nerves may produce such a return. The presence or absence of sympathetic function also may be checked by applying heat to the body at various intervals after the operation. If, after one month, heat produces no increase in toe temperature, sympathectomy has been complete. If after one year the skin temperatures of the toe increase with this procedure, return of sympathetic function has occurred.

Determination of Sensitivity to Tobacco.—Vasodilatation is produced by applying a wool blanket to the body and giving sufficient whisky (usually 1 oz.) to bring the digital skin temperature to 36 C. The subject then smokes a cigarette in three minutes, and the changes in skin temperature of fingers or toes are noted. The reaction is considered normal if the temperature remains unchanged, increases 0.5 to 1 degree centigrade, or decreases not more than 2 degrees centigrade and remains below normal for not more than 10 minutes. If the decrease in temperature exceeds 2 degrees centigrade and the return to normal is prolonged, the subject is designated as a hyper-reactor. Patients with thromboangiitis obliterans frequently are found to be hyper-reactors, as are normal subjects who are not habitual smokers. It is of interest that many patients with Raynaud's disease of the primary type and many patients with arteriosclerosis obliterans are not hyper-reactors.

Diagnosis of Shoulder Girdle Syndromes.—The diagnosis of such conditions as the hyperabduction syndrome [4a] and the anterior scalenus syndrome [4b] can be facilitated by measurements of skin temperatures. A thermistor is applied to a finger on each hand, and with the patient in the supine position the arms are placed so that one is above and the other is below the head. The presence of the hyperabduction syndrome is suspected when a fall in skin temperature of the elevated hand is noted. With the patient in the sitting position and with both his arms on a table, the presence of the anterior scalenus syndrome is suspected if a fall in skin temperature is noted with extension and rotation of the head.

Detection of Abnormal Vasoconstrictive Response to Cold.—Skin temperatures of the fingers are recorded after vasodilatation is produced with the aid of whisky. The thermistors are then removed, and the hand is immersed in cool water (15 C) for 15 minutes. The hand is removed from the water and dried, and the thermistors

2. Winsor, T.: Newer Methods for Selection of Patients for Lumbar Sympathectomy, California Med. **72**: 1-8 (May) 1950.

3. Thorpe, R.; Burch, G. E., and DeBakey, M. E.: The "Borrowing-Lending" Hemodynamic Phenomenon (Hemometakinesia) and Its Therapeutic Application in Peripheral Vascular Disturbances, New Orleans M. & S. J. **100**: 6-15 (July) 1947.

4. Winsor, T.: Vasomotor Reactions to Heat Among Patients with Arterial Disease, Circulation **1**: 670-683 (April) 1950.

4a. Wright, I. S.: Vascular Diseases in Clinical Practice, Chicago, Year Book Publishers, Inc., 1948, pp. 267-283.

4b. Allen, E. V.; Barker, N. W., and Hines, E. A., Jr.: Peripheral Vascular Diseases, Philadelphia, W. B. Saunders Company, 1949, pp. 293-312.

are reapplied to the same digits. A normal reaction consists of a rise in skin temperature to 30 C in not more than 5 to 10 minutes. The presence of sensitivity to cold often delays the warming process for more than an hour. Certain drugs influence this reaction. A mixture of hydrogenated ergot alkaloids (Hydergine) given sublingually in a dose of 2 mg. five minutes before the test shortens the warming time. In a series of six patients with Raynaud's phenomenon the average warming time was 45 minutes without the alkaloid mixture and 30 minutes with the mixture.[5]

Miscellaneous Applications.—The thermistor thermometer is useful as an aid during certain surgical procedures. It serves to indicate the degree of success achieved after removal of emboli from peripheral arteries. The presence of a low skin temperature immediately after an embolus has been removed suggests that additional emboli are present or that vasospasm does not allow free flow of blood to the extremities. In the latter case intra-arterial agents such as tolazoline hydrochloride, histamine, or a mixture of hydrogenated ergot alkaloids should be administered.

The instrument also has been useful for recording rectal temperatures during cardiac surgery in which cooling techniques are employed. Occasionally, rectal temperatures of patients during surgery show the presence of fever resulting from overdraping or other causes. In the field of experimentation the employment of rectal, cutaneous, and intramuscular thermistors aids in determining the state of the circulation in various vascular beds. The instrument is well suited for measuring rectal temperatures of small animals such as mice, rats, and rabbits. The paradoxical reaction to a posterior tibial nerve block is an uncommon phenomenon that should be recognized by those engaged in thermometry. This reaction occurred in our laboratory in 4 of 100 cases of advanced arteriosclerosis obliterans of the lower extremities, and consisted of a decrease in skin temperatures, pulsations, and blood flow to the toe after the posterior tibial nerve was blocked with 2% procaine hydrochloride solution. A possible cause is sensitivity of the peripheral nerves to epinephrine as a result of postganglionic interruption of activity of the sympathetic nerve. It is not known at this time if this reaction can be prevented with powerful adrenolytic agents such as phentolamine. Knowledge of its occurrence, however, makes it important that the circulation to the toe be checked with other vasodilating techniques such as indirect body heating and administration of whisky to patients who show this reaction.

SUMMARY

A new instrument for thermometric measurements eliminates many of the disadvantages of previously available instruments and provides a degree of accuracy greater than that required for most clinical uses. It is easily portable, its operation is quick and simple, and its cost is low. Multiple sensing elements (thermistors) provide for uniform results as variations in skin temperatures as a result of differences in contact pressure do not occur. It is not necessary to calibrate the instrument against room temperature. It can be coupled to such recording instruments as the Sanborn Twin-Viso or Poly-Viso if graphic records are desired. Techniques of operation in a variety of conditions are described.

3875 Wilshire Blvd. (5).

5. Winsor, T.: The Management of Peripheral Arterial Occlusive Disease, Arizona Med. **10**: 387-392 (Nov.) 1953.

THE EFFECT OF PREGNANCY ON THE DEAFNESS DUE TO OTOSCLEROSIS

Theodore E. Walsh, M.D., St. Louis

It is my purpose in this article to examine the evidence relative to the effect of pregnancy on the deafness caused by otosclerosis. It is a common belief in the medical profession as a whole that (*a*) the deafness due to otosclerosis is made worse by pregnancy, (*b*) a woman with otosclerosis should be advised not to have children, and (*c*) a woman with deafness caused by otosclerosis can reasonably be advised to have a therapeutic abortion. The evidence at hand shows that these beliefs are erroneous. It would be well to review certain pertinent facts about otosclerosis. 1. It is a lesion of the otic capsule pathologically resembling other osteodystrophies. The cause of the disease is unknown. 2. The disease occurs much more frequently in women than in men. Nager [1] gives the ratio 8 to 1 in 1,146 patients and says that Bezold found the same ratio. In my series the ratio was not quite so high as that quoted by Nager but was about 4 to 1. The deafness that is caused by otosclerosis is first noticed in early life, commonly between the ages of 16 and 30 but in some instances earlier. 3. The deafness that is caused by otosclerosis is typically a conductive deafness, and it is as a rule slowly progressive. 4. Surgery (fenestration) has proved beneficial in a high percentage of cases of deafness caused by otosclerosis.

There are two sources of evidence in regard to the relationship of pregnancy and the deafness caused by otosclerosis: (1) the history given by the patient in regard to the onset of her deafness or its increase during pregnancy or immediately after parturition and (2) the actual measurement of hearing in the ear that had been operated on and in the ear that had not been operated on of patients who have undergone fenestration surgery and have subsequently given birth.

In regard to the history, Nager found by special inquiry of 164 women that 85 (52%) were not aware of any increase in deafness with childbearing. On the other hand, 79 (48%) attributed progression of the disease to

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Read at the 58th Meeting of the American Academy of Ophthalmology and Otolaryngology, Chicago, October, 1953.

1. Nager, F., cited by Fowler, E. P., Jr.: Medicine of the Ear, New York, Thos. Nelson & Sons, 1947, p. 260.

pregnancy. This was not always caused by the first pregnancy, however, oftener by a succeeding one. Dr. Howard House [2] of Los Angeles has sent me the replies to questionnaires that he sent to women with otosclerosis regarding the effect of pregnancy. There were 251 replies to the questionnaire. Of these women, 57 had had no children, 107 stated that pregnancy had had no effect on their deafness, and 87 had noticed an increased hearing loss during pregnancy. Of the group who noticed hearing loss, 41 noticed this loss during the first pregnancy, 23 during the second, and 13 during the third. There were 10 who noticed some loss during one of several pregnancies. Of the 194 women who had had children, 107 (55%) had noticed no effect of the pregnancy on their deafness and 87 (45%) noticed the deafness was made worse by pregnancy. I reviewed 243 consecutive records of women who had otosclerosis and who also gave a history of pregnancy. Of these, 139 (57%) stated their pregnancy had no effect, while 104 (43%) stated that the pregnancy had made their hearing worse.

On examining histories of patients who had otosclerosis with particular regard to when the deafness was first noticed it was extremely interesting, although I have no actual figures on the subject, to find that many patients attributed the onset of their deafness to "flu," a cold, or some intercurrent diseases. More reliable information regarding the effect of pregnancy on the deafness that is caused by otosclerosis can be obtained by the audiometric examination of patients who have undergone fenestration and have subsequently become pregnant. Dr. Kenneth Day and Dr. Joseph Sullivan sent me the following data. Dr. Day [3] had 47 patients who had had a total of 75 pregnancies, 27 with one pregnancy, 13 with two, 6 with three, and one with four. Of these, there were only three patients whose hearing definitely became worse with pregnancy. Dr. Day states that the first patient can be eliminated because her hearing loss was probably psychogenic. The second patient became pregnant one year after the fenestration operation, up to which time she had had good hearing. After the birth of her baby hearing records showed that in both ears an island of deafness developed, with increased loss between 1,000 and 2,000 cycles, which amounted to about 15 db. for these frequencies in each ear. This loss has remained unchanged for the past four years. The patient had an active fistula reaction, and Dr. Day thinks that in this case pregnancy aggravated the hearing loss. The other patient had excellent hearing for two years after the fenestration operation, then she became pregnant and her hearing dropped throughout the scale in the ear operated on from an average of 20 db. to about 35 db., except at the 1,000 frequency, where her hearing dropped to 50 db. There was a corresponding loss in the ear not operated on. This was four years ago. The fenestration operation was performed on the second ear, and the hearing improved satisfactorily except at the 1,000 cycle tone, which is about 35 db. threshold loss. The peculiar feature about this particular case is that the patient has a tendency to bleed from both fenestrated cavities at her menstrual periods. This was the only case in which such a thing has happened in Dr. Day's series.

Effect of Pregnancy on Otosclerotic Hearing Loss

Source	Number of Patients	No Effect	Made Worse
Nager	164	85 (52%)	79 (48%)
House	194	107 (55%)	87 (45%)
Walsh	243	139 (57%)	104 (43%)

Dr. Sullivan [4] sent me the findings on 25 patients who had undergone fenestration and had since become pregnant. None had a change in the ear that had been operated on. There were three cases in which the ear that had not been operated on had become definitely worse since the pregnancy, but it should be noted that in all of these cases the loss was noted between three and five years after the pregnancy. One would normally expect a loss of hearing in the ear that had not been operated on from the natural progress of the otosclerosis whether the patient had been pregnant or not.

In my own series there are 40 patients who have had one or more children since fenestration. Of these, only two patients show a loss of hearing in the ear that had been operated on. In one of these there is a 10 db. threshold difference between the prepregnancy and postpregnancy levels and a 10% discrimination difference in the ear that had been operated on. The fenestra is open. One wonders in this case whether there is some evidence of nerve damage. The other patient, who has had a fenestration in each ear, passed through two pregnancies without any change in the hearing. At the time of writing she was pregnant for the third time and had an increased loss of hearing in one ear of 13 db. and in the other ear of 23 db. She had the same degree of loss during the previous pregnancy, but the hearing was restored to the prepregnancy level after parturition. Of the 40 patients, there have been 7 who, after pregnancy, had further evidence of loss of hearing in the ear that had not been operated on. Analysis of these seven cases shows, however, that the loss is evidenced at intervals between three and five years after pregnancy. I have yearly tests on all patients in this series, and it has been noticed that there has been no immediate postpregnancy loss in any of these persons.

COMMENT

It is apparent that the effect of pregnancy on the deafness caused by otosclerosis is not significant. It seems likely that too much emphasis has been placed on the history of increasing deafness. That this history is not altogether reliable in this regard is evidenced by the findings in specific cases. For example, a young woman on whom I did a fenestration operation in March, 1953, had been seen originally in March, 1949, again in 1951 when she was pregnant, and in 1952 and 1953, after the birth of her child. She stated that she was sure her hearing had become worse during her pregnancy, but on tests it was interesting to find that the threshold for speech in both ears was the same before and after pregnancy. In another instance a 30-year-old woman was originally seen in 1947; she returned in 1950 when she was pregnant and again on Oct. 1, 1953. She stated that her hearing was worse than when I first saw her in 1947 and much worse after the birth of her child. Pure tone audiograms showed no difference in either ear between the first and

2. House, H. P.: Personal communication to the author.
3. Day, K. M.: Personal communication to the author.
4. Sullivan, J.: Personal communcation to the author.

the last test, except that in one ear there was a threshold difference of 10 db. at the 1,000 and 2,000 cycle tones. It is probable that too great reliance on such histories has given rise to the concept that pregnancy makes the deafness that is caused by otosclerosis worse.

Actual measurements of hearing after pregnancy in 110 women reported on here show that in only 6 ears (5%) was there progress in the ear that had been operated on and in only 13 (12%) in the ear that had not been operated on. Measurements also showed that the loss in the ear that had not been operated on occurred from three to five years after pregnancy and should probably be attributed to the natural progress of the disease rather than to the pregnancy. It is of the utmost importance that physicians realize that pregnancy is not responsible for deafness that is associated with otosclerosis, as much harm is done by improper advice in this regard. The psychological trauma that is effected by telling a patient that she will be completely deaf from otosclerosis, that she will become increasingly deaf as she has children, or that this disease is likely to be passed on to her offspring is considerable. For example, not long ago a young, rather attractive girl came into my office in a considerable state of anxiety. She had been seen by an otolaryngologist who had diagnosed her deafness as due to otosclerosis, and he had told her unequivocally that she should never have children, because if she did she would become completely deaf. Although the girl was unmarried, this statement made her depressed about her future. That the statement of her physician had been incorrect never occurred to her. I have since done a fenestration operation on the ear in which the hearing loss was the greatest. She has an excellent result and feels much happier about the future.

Although this paper concerns the effect of pregnancy on the deafness caused by otosclerosis, I feel it justifiable to urge a deemphasis on the hereditary factors in otosclerosis. One of the patients in this group who has had both ears operated on and who was at the time of writing pregnant for the third time, has lost a certain amount of hearing in both ears during pregnancy. She had been led to believe before she was operated on that otosclerosis was definitely a hereditary disease. At that time she was single, and she made up her mind that she would never pass this dread disease on to her children. The mental state of the girl under this delusion was pathetic. It was difficult to persuade her that too much emphasis should not be placed on heredity in otosclerosis. Now that she has had children she is an entirely changed person.

SUMMARY AND CONCLUSIONS

There is no evidence that pregnancy has a significant effect on the deafness that is associated with otosclerosis. Otosclerosis is a slowly progressive disease but is one that can be helped with surgery. It seldom, if ever, progresses to total deafness. In the light of these findings there seems to be no excuse for advising therapeutic abortion in a woman with otosclerosis.

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HOW TO KEEP UP WITH MEDICAL LITERATURE

Nathan Flaxman, M.D., Chicago

One of the commonest complaints of practicing physicians is their difficulty in keeping up with medical literature. With some 400 medical journals in the English language alone listed in the Quarterly Cumulative Index Medicus, this literary ailment seems almost entirely justifiable. It is possible, however, to keep, if not fully abreast, a few weeks to several months behind the current crop of journals. As this method has not been described previously, it is presented for practitioners especially

METHOD

Basically, all that is required is the current issue of THE JOURNAL, an easy chair, pencils, a pad of paper, and postal cards, along with a genuine, sustaining interest in all fields of medicine. Other ingredients may be added, slowly or rapidly, such as a secretary, more medical journals, and special literary services. The additional components are necessary or desirable, depending on personal tastes and preferences, Regardless of how few or how many ingredients are used, many enjoyable hours may come from trying to keep up with medical literature. The best guide is the Medical Literature Abstracts section of THE JOURNAL. The day THE JOURNAL arrives, or as soon as possible, examine this section minutely. Check the abstracts that seem especially interesting or that hold particular appeal. The abstracts published in this section are well done and will be helpful in stimulating interest. After this first close scrutiny, make a list of the articles selected from the abstracts in this section. This is the least time-consuming part of keeping up with the literature. For some the second step may be simpler. Hand THE JOURNAL or the list of articles to your secretary, who will borrow these journals from your medical library or find the addresses of the authors of the particular articles abstracted and send for reprints. Those who do not have a secretary or who prefer to search the literature themselves may personally select the articles from the library.

In a single field such as cardiology, there are well over 800 articles published annually on cardiac subjects. Although this entire field can be adopted as a major interest, it may be more expedient to limit one's interest to a smaller area, such as hypertension, digitalis, or drug hazards. The literature on hypertension alone is enough to keep one well occupied.

LIBRARY FACILITIES

If medical libraries are situated nearby, there may be no need for the use of special services to obtain an article. The original article is preferred, for errors do creep into abstracts or in bibliographic quotes and may be repeated by others. For the practitioner who does not have library

facilities readily available, there are a number of ways of seeing the original article selected. The journal in question may be obtained either by subscription or by purchase of the individual number. Any member or subscriber to THE JOURNAL may borrow three journals at a time for five days without charge from the library of the American Medical Association. Closer sources may be your own hospital or county or state medical society library, many of which have the journals or have excellent sources of supply. Some medical institutions, however, zealously confine their holdings to the "fellows" of their society or to the students, alumni, and faculty or staff of their own school or hospital. Many practicing physicians resent these restrictions and limitations of certain libraries and may take their damaged literary aspirations home for good or express their ill-feelings of the moment to the librarians, who are not responsible for the miscast regulations. Libraries are not generally meant to be clubs for the use of a select few but should be open to any doctor who enters in good faith. The physician may be a novice, reentering an atmosphere not far removed from his student days. He expects that a library will make him feel welcome and not question his right to enter or, when admitted, not confine him to a certain small area under constant surveillance.

It is an obligation to return a borrowed library journal promptly. As soon as the desired journal is obtained, scan the articles. If still interested, write the authors for reprints, which can be examined at your leisure. Mutilating a borrowed journal by cutting out a desired article is unpardonable. If too busy to send for a reprint, request that the librarian do so, and in most instances this service will be supplied. Some hospital libraries supply their doctors with printed stamped postal cards solely for this purpose.

UNUSUAL TITLES AND TERMS

Odd and unusual titles are intriguing. Finding these, especially when an excellent article backs up the exceptional title, gives one the feeling of locating a literary nugget. "Arrow Wounds" [1] turned out to be a most enjoyable and thought-provoking article. Other articles with the titles "The Pure Delight," [2] "The 'Feel' of the Patient," [3] and "The Clinician—An Obituary" [4] proved to be just as worth while. Curiosity is aroused by the title "Bobby Pin in Kidney Pelvis" [5]; one is anxious to find out how it could get into such an unusual location. Keeping up with eponymic medicine alone can keep one up in the entire field of medicine. Names of syndromes as Fanconi's,[6] Sudek's,[7] Stewart-Treves,[8] Besnier-Boeck-Schaumann,[9] von Jaksch-Hayem-Luzet,[10] and others are seen in the Medical Literature Abstracts section of THE JOURNAL. An interest in eponyms leads to the first step of delving into the literature. Beware of pseudoeponyms, such as the "Sham Mirth" [11] or the "Trap" [12] syndromes. Eponyms and pseudoeponyms are an interesting game that may add spark to a fading journal club.

STATISTICAL DATA

The guess has been made that 5,000 periodicals published in a single year might represent about 11 million pages; if these pages were stacked one upon the other, the pile would tower 365 feet into the air and, if laid end to end, would reach 1,800 miles, from Chicago to Seattle.[2] It may readily be seen what heights could be reached statistically with these figures. In 20 years of combing 1,040 issues of THE JOURNAL's Medical Literature Abstracts section, I have scrutinized 41,600 abstracts, which led me to scan the indexes of over 51,000 issues of about 300 different journals that contained 342,720 articles. These figures do not include the original articles in THE JOURNAL (an average of 432 per year and a total of 8,640) or the clinical notes (about 146 each year and a total of 2,920), which were seen during this same period.

COMMENT

With training, one may learn to scan articles rapidly to determine their relative value. Although many articles are seen, scanned, and read, it should not be taken for granted that all of them are understood. Every author has an idea in mind that he tries to express in his article. Perhaps he establishes a point of view and remains faithful to it.[13] Generally he does it to the best of his ability. The reader should try to discover what the writer is attempting to say, but, like the author, the reader may not always be successful.

It is not difficult to understand why so many physicians in active practice get discouraged if they once allow the crop of journals to get too far ahead of them. Osler's habit of reading journals in cars or trains and at odd times, so that he could keep up with the constant stream, instilled into him and others the habit of regular reading.[14]

SUMMARY

By using the Medical Literature Abstracts section of THE JOURNAL as a constant guide, any physician can keep up with the literature. Check off the abstracted articles in this section that are of interest and see them in the journals at or from the library, by purchase or by subscription, or by obtaining reprints from the authors. In this way it is possible to see about 300 different journals containing over 17,000 articles each year. By adopting a single field or subject as a primary interest or by searching for odd and unusual titles or for eponyms and pseudoeponyms as a hobby, interest in medical literature may be sustained and maintained.

30 N. Michigan Ave. (2).

1. Lundy, J. A.: Arrow Wounds, New England J. Med. **246**: 444, 1952.
2. Allen, E. V.: The Pure Delight, J. Lab. & Clin. Med. **35**: 2, 1950.
3. Bisgard, J. D.: The "Feel" of the Patient, Arch. Surg. **61**: 593 (Oct.) 1950.
4. Korns, H. M.: The Clinician—An Obituary, J. Iowa M. Soc. **43**: 251, 1953.
5. Nelson, O. A., and others: Bobby Pin in Kidney Pelvis, J. Urol. **69**: 618, 1953.
6. Silver, H. K.; Blair, W. C., and Kempe, C. H.: Fanconi Syndrome: Multiple Congenital Anomalies with Hypoplastic Anemia, A. M. A. Am. J. Dis. Child. **83**: 14 (Jan.) 1952.
7. Blumensaat, C.: Treatment and Evaluation of Sudeck's Syndrome, Arch. orthop. u. Unfall-Chir. **45**: 451, 1953. Hackethal, K. H.: Pathogenesis of Sudeck's Syndrome, ibid. **45**:482, 1953.
8. Jessner, M.; Zak, F. G., and Rein, C. R.: Angiosarcoma in Postmastectomy Lymphedema (Stewart-Treves Syndrome), A. M. A. Arch. Dermat. & Syph. **65**: 123 (Feb.) 1952.
9. Longcope, W. T., and Freiman, D. G.: Study of Sarcoidosis, Medicine **31**: 1, 1952.
10. Veeneklaas, G. M. H.: Atrophy of the Bone Marrow: New Etiologic Factor in von Jaksch-Hayem-Luzet Disease, Maandschr. kindergeneesk. **19**: 145, 1951.
11. Martin, J. P.: Fits of Laughter (Sham Mirth) in Organic Cerebral Disease, Brain **73**: 453, 1950.
12. Bostock, J.: The "Trap" Headache, M. J. Australia **1**: 80, 1951.
13. Hewitt, R. M.: Exposition as Applied to Medicine: A Few Devices to Help Reader and Writer, Texas J. Med. **48**: 266, 1952.
14. Davison, W. C.: Osler's Influence, J. A. Am. M. Coll. **25**: 161, 1950.

MASS ANTIMALARIAL THERAPY IN VETERANS RETURNING FROM KOREA

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This paper reports a program of mass antimalarial therapy accomplished by medical personnel of the armed services in transports of the Military Sea Transportation Service. With the end of hostilities in Korea and with continuation of the antimalarial program as long as troops are returned from the Far East, it is believed that statistics showing the incidence of recurrent malaria in troops returning to the United States during the years 1951, 1952, and 1953 will be of interest. Final evaluation of the efficiency of the program, covering the entire Korean military operation, cannot be accomplished until the admission figures for the summer months of 1954 are available. These figures will give the rates of relapse in the United States for malaria contracted in Korea during the summer of 1953 at the end of the United Nations combat activity. Personnel treated were members of the Army, Navy, Air Force, and Marine Corps. The number of civilians in the program was relatively small.

When the major source of supply of quinine was shut off from the allied nations in World War II, hundreds of synthetic antimalarial drugs were developed and biologically studied in animals and man. However, quinacrine (Atabrine) hydrochloride, which had been introduced some 10 years earlier, was the drug most extensively used throughout the war. The use of this drug permitted successful combat activity in the islands of the Far East and South Pacific where the threat of malaria was secondary only to enemy activity. Although the use of quinacrine prevented military disaster in the Pacific, many undesirable reactions were reported following suppressive treatment continued over a long period of time. On Guadalcanal and Guam, I found that minor toxic effects such as slight nausea and colicky abdominal pain were quite common, and the skin discoloration made many of us look more like members of the enemy troops than members of the Caucasian race.

Subsequent studies led to the development of newer drugs, mostly members of the 4-aminoquinoline series. The most promising of these was chloroquine, (7-chloro-4-[4-diethylamino-1-methylbutylamino] quinoline diphosphate). A report [1] was made in 1946 after two years of study of the effects of this drug evaluating its activity in avian infections, its pharmacological and toxicologic actions in animals and man, and a final evaluation of its potentialities as an antimalarial agent against Plasmodium vivax and Plasmodium falciparum infections in man. While chloroquine was found to be a very active agent against the erythrocytic forms, it did not prevent relapses in malaria caused by vivax. Although it lengthened the interval between first infection and relapse and was an excellent suppressive agent, it did not prevent the establishment of initial vivax infections. These facts were confirmed by several investigators, among them Maier,[2] who reported a field trial carried out on troops in the Philippines and on the eastern coast of the Bataan peninsula. The ability of chloroquine to react against the erythrocytic blood forms, thus preventing clinical manifestations in the field and reducing acute attacks to a subclinical level, makes it a very valuable drug to be used as a suppressive for combat troops. With weekly doses of the drug, troops can operate in malarious areas with little or no reduction in combat efficiency. By masking the initial infection, however, this suppressive action may prevent adequate curative treatment.

PUBLIC HEALTH ASPECTS

As reported by Sapero [3] P. vivax malaria, unlike P. ovale infections, shows a marked tendency to relapse. In speaking of World War II experience, Sapero stated, "Despite the very recent wartime development of new and more potent antimalarials, the problem of preventing relapses remains unsolved." Coggeshall [4] observed, "The *vivax* malaria of [the] southern United States responds well to therapy and has a relatively low relapse rate, yet the majority of patients infected with the morphologically identical *vivax* strain from the South Pacific will relapse repeatedly under the same treatment." Since the life span of P. vivax is a year or more, a man infected in Korea one summer might expect a relapse the following summer, after his return to the United States. If the clinical break-through occurred while the man was on duty it would create no problem, as prompt diagnosis, hospitalization, and treatment could be accomplished. If the relapse came while the man was at home on leave or after he had been discharged from service, it might cause considerable concern to the patient, his family, and friends. If several cases developed in one locality they might be of concern to the local health officers and physicians. Health officers who have established a record in eradicating malaria from their community might view with alarm any importation of new cases from the Orient. Eberhart and Andrews [5] say that this problem should not be considered a threatening one to the United States as a whole, since each year 200,000 to 300,000 Mexican laborers illegally enter our western states and some 100,000 to 200,000 Puerto Ricans arrive in New York City. Many of these persons harbor malaria parasites, and the public health organization has to contend with the possibility of malaria epidemics from these sources.

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The opinions contained in this article are the private ones of the writer and are not to be construed as official or reflecting the views of the Navy Department or the naval service at large.

1. Loeb, R. F., and others: Activity of a New Antimalarial Agent, Chloroquine (SN 7618): Statement Approved by Board of Coordination of Malarial Studies, J. A. M. A. **130**: 1069 (April 20) 1946.

2. Maier, J.: Field Trial of Chloroquine (SN 7618) as a Suppressive Against Malaria in the Philippines, Am. J. Trop. Med. **28**: 407 (May) 1948.

3. Sapero, J. J.: New Concepts in the Treatment of Relapsing Malaria: Charles Franklin Craig Lecture, 1946, Am. J. Trop. Med. **27**: 271 (May) 1947.

4. Coggeshall, L. T.: The Treatment of Malaria, Am. J. Trop. Med. **1**: 124 (Jan.) 1952.

5. Eberhart, C. M., and Andrews, J. M.: Minutes of Conference on Malaria Among Returnees from Korea, Main Navy Building, July 3, 1951.

These authors also stated that returning veterans from Korea would add to this problem and suggested that it might be necessary to alert health officers to this and to improve communication about epidemics so that these cases can be taken care of as they occur.

While it is the purpose of this paper to report curative antimalarial therapy carried out by the armed services, which will definitely reduce recurrent malaria in returning troops, it should be stressed that local health officers and physicians must be prompt in diagnosing and thorough in treating those cases that occur. The federal and state governments have expended well over 50 million dollars on malaria control during the past 10 years. Some states have eradicated malaria, and malaria is no longer a major national health problem. This tremendous expenditure of time, effort, and money will not be seriously jeopardized by the returning Korean veteran.

The awareness of physicians to this threat is shown by the many reports recently published in various medical journals. Aquilina and Paparella [6] reported from the Veterans Administration Hospital, Buffalo, N. Y., Sutliff and Boggan [7] from the Kennedy VA Hospital, Memphis, Tenn., Hall and Loomis [8] from the VA Hospital, Minneapolis, Minn., and Kelsey and Derauf [9] from the VA Hospital, Des Moines, Iowa. The problem is international as well as national; Hale and Halpenny [10] reported from the Queen Mary Veterans' Hospital, Montreal. United Nations troops transported from Korea have been treated en route to Belgium, Colombia, Ethiopia, France, Greece, the Netherlands, Spain, Thailand, and Turkey.

TREATMENT

Suppressive Treatment in Korea.—Eberhart and Andrews [5] stated that on order of the Surgeon General, Department of the Army, chloroquine phosphate, 0.5 gm. tablet (0.3 gm. equivalent base) weekly, was instituted for suppressive therapy late in July, 1950. Because of the difficulty of obtaining an adequate supply of the drug, this program was discontinued on Oct. 30, 1950, when the seasonal risk of infection had passed. Suppressive therapy was reinstated on April 15, 1951, and an adequate supply made possible application to all troops including medical evacuees hospitalized and convalescing in Japan. It should be noted that the institution of suppressive therapy occurred less than one month after the North Korean Army invaded South Korea on June 25, 1950, which demonstrated the Army medical staff's keen awareness of the malaria situation in the area. Suppressive treatment in combat troops is considered the method of choice, since any mass curative regimen would be of little value and early reinfection could be expected as long as the men remained in the malarious area.

Malarial Relapses in United States.—The first personnel to return on rotation from Korea were embarked in a transport of the Military Sea Transportation Service that sailed from Japan on April 25, 1951. Many of these troops had served the previous summer in areas that had a high incidence of endemic malaria. During the summer of 1951 there was a marked increase in admissions for malaria in Army hospitals in the United States. The cases were mostly P. vivax infections and occurred almost entirely in veterans returning from Korea. During the same period the Navy experienced a similar increase of cases among Marine Corps veterans and Navy hospital corpsmen who had served with the Marines in action.

Curative Malaria Therapy.—In 1950, Edgcomb and others [11] reported preliminary clinical experience with primaquine (8-[4-amino-1-methylbutylamino]-6-methoxyquiniline), which had been synthesized at Columbia University during World War II. Edgcomb's study was made on white, healthy volunteers from the inmates of the Stateville branch of the Illinois State Penitentiary. The study indicated that the use of primaquine could establish a high curative ratio if the drug was administered in therapeutically safe single daily doses. Because of the high incidence of vivax malaria in United Nations troops in the field and the high relapse rate in veterans returning to the United States, the Surgeon General, Department of the Army, sent a mission to the Far East command during the summer of 1951. This mission made field trials to determine the feasibility of establishing a curative antimalarial regimen for all returning veterans, which would require daily administration of one primaquine tablet for 14 days. It had been hoped that this could be accomplished ashore prior to embarkation for return to the United States. The mission found that there was no period either in Korea or Japan when troops were retained for a sufficient time to complete the full course. It had previously been decided that any program carried out after return to the United States, which would delay the granting of leave or postpone discharge, would be unfavorably received by the returning veterans. The mission decided to study the feasibility of carrying out the regimen aboard transports en route to the United States.

Original Trial at Sea.—Clinical trials were made on the U.S.N.S. Sgt. Sylvester Antolak and the U.S.N.S. Marine Phoenix to determine (1) whether it was feasible to administer primaquine (15 mg. base daily) to large groups of men without special medical supervision; (2) whether primaquine toxicity increased the incidence of motion sickness; (3) whether motion sickness had an effect on the ability to take and retain medication; and (4) whether primaquine administration begun on land would bring about enough cumulative toxic reactions to affect the motion sickness most common during the first four days at sea.

In the U.S.N.S. Sgt. Sylvester Antolak one group of 742 officers and men, of which 16.9% were Negroes, was given primaquine for 11 days, while another group of 751 men received a placebo. In the U.S.N.S. Marine Phoenix 2,060 men, of whom 7.6% were Negroes, were selected to continue the primaquine regimen started prior to embarkation, while 725 men were given a placebo.

6. Aquilina, J. T., and Paparella, J. A.: Malaria in Returned Veterans of the Korean War, J. A. M. A. **149**: 834 (June 28) 1952.
7. Sutliff, W. D., and Boggan, W. H., Jr.: Tertian Malaria in Veterans from Korea, Treated with Newer Antimalarial Drugs, Memphis M. J. **27**: 7 (Jan.) 1952.
8. Hall, W. H., and Loomis, G. W.: Vivax Malaria in Veterans of the Korean War: Preliminary Report of 25 Cases, New England J. Med. **246**: 90 (Jan. 17) 1952.
9. Kelsey, J. E., and Derauf, D. E.: Malaria in Korean Veterans, J. Iowa M. Soc. **41**: 423 (Oct.) 1951.
10. Hale, T. R., and Halpenny, G. W.: Malaria in Korean Veterans, Canad. M. A. J. **68**: 444 (May) 1953.
11. Edgcomb, J. H., and others: Primaquine, SN 13272, A New Curative Agent in *Vivax* Malaria: A Preliminary Report, J. Nat. Malaria Soc. **9**: 285 (Dec.) 1950.

The race distinction was made because of the greater susceptibility of the Negro to toxic reactions. The small dose of primaquine used, however, was considered safe for Negroes. After the very favorable report of the study by Alving and others [12] and after endorsement by the subcommittee on malaria of the National Research Council, the Armed Forces Medical Policy Council directed the medical services of the departments of the Army, Navy, and Air Force to be prepared to institute primaquine therapy to all troops returning from Korea. On Oct. 19, 1951, the Surgeon General of the Navy requested the Commander Military Sea Transportation Service to make a preliminary study to determine the most practicable method of assuring exact dosage and proper recording of tablets administered. The Commander on Oct. 24, 1951, directed his three area commanders located in the Pacific (Pacific area, San Francisco; north Pacific subarea, Seattle; and western Pacific area, Yokohama, Japan) to acquaint all M.S.T.S. medical officers with the proposed procedure for instituting primaquine therapy.

Primaquine Regimen.—The sponsoring service (Army, Navy, or Air Force) notifies the ship's medical department of all passengers who have been in Korea and require primaquine therapy. The senior troop commander aboard designates a medical officer passenger as primaquine control officer. The primaquine control officer is assisted by the ship's medical personnel and assigned passenger officers and enlisted men. First, the purpose of the program is carefully explained to all men requiring treatment. Wide publicity is given in the ship's daily newspaper and over the public address system. A master check-off list is maintained, and group check-off lists for groups berthed in separate compartments under the supervision of competent petty officers assure maximum administration of the drug. Primaquine is administered either at breakfast or lunch, and the men are required actually to swallow the tablet under the observation of the petty officer in charge. The names of the stragglers are announced over the public address system, and the men required to report to the sick bay for treatment. A card issued to each man is punched for each tablet received. As many of the transports make the Pacific crossing in less than 14 days and the therapy cannot be completed unless the administration of the drug is started prior to embarkation, enough tablets to complete the course are issued to each man prior to debarkation.

The Primaquine Program.—On the first ships engaged in the primaquine program treatment was initiated in December, 1951, when 2,362 passengers were treated. The drug was in short supply during the spring and early summer of 1952. During the first seven months of 1952, a total of 25,624 passengers were treated. Later in the summer there were adequate supplies of the drug available in the Far East. On July 3, 1952, the Commander M.S.T.S. directed all the ships to report on the completion of each voyage: (1) the number of embarked troops requiring antimalarial treatment; (2) the number of embarked troops completing antimalarial treatment; (3) the source of supply and adequacy of primaquine; (4) any reasons for not completing the antimalarial program during the voyage; (5) general methods used for control and administration of primaquine; and (6) full report of each instance in which primaquine was not available or not given to troop lift (not to include individual cases removed from the treatment schedule for medical reasons).

From Aug. 1, 1952, through Dec. 31, 1953, 280 voyage medical reports were received from 32 individual transports. These reports were reviewed in the office of the Commander M.S.T.S. in Washington, D. C., where statistical data were prepared for this paper. The sponsoring services had designated as men returning from Korea 415,340 military passengers during this period. The reports show that 332,925 of these completed the full course of treatment, 21,499 received 13 days of treatment, 24,932 received 12 days, 21,493 received 11 days and 9,348 received 10 days of treatment. Only 5,143 received less than 10 days of treatment. The two months when the greatest number failed to receive more than 10 days of treatment were August, 1952, and February, 1953. Investigation showed that in August, 1952, 891 men on one transport were not treated because the medical service was unable to obtain primaquine in Korea or Japan owing to a temporary shortage of supply. One transport took aboard 1,886 Marines in Inchon, Korea, in February, 1953, without receiving a supply of primaquine and was unable to receive the drug on arrival in Sasebo, Japan. The reason most commonly given for failure to complete the course was the short period of Pacific crossing in fast transports that on many occasions made the voyage in 10 days; however, all men who lacked a few days to complete the course were personally instructed with the importance of continuing the treatment and were given the required number of tablets prior to debarkation.

RESULTS

Toxic Reactions and Incidence of Malaria.—As foreseen by the study of Dr. Alf S. Alving,[12] motion sickness was a very minor cause for failure of the regimen; less than 20 men were removed from the treatment list for this reason. There were surprisingly few toxic reactions. Two men were reported to be allergic to the drug, although no further information was given. In one man severe urticaria developed that disappeared on discontinuance of the drug therapy and reappeared when therapy was resumed. In two men methemoglobinemia developed, and in one man hemolytic anemia developed. There were a few reports of mild to moderate dusky cyanosis that did not require discontinuance of primaquine therapy.

There were many cases of malaria reported as occurring at sea, but only a few were of such severity that they required hospitalization; most cases responded to outpatient treatment. Admissions to the sick list are shown in table 1.

Method of Computing Statistics.—Prior to the initiation of the primaquine program in July, 1952, there was no way of determining the number of M.S.T.S. passengers who had actually served in Korea. Figures showing troops embarked in the Far East included, in addition to

12. Alving, A. S.; Arnold, J., and Robinson, D. H.: Mass Therapy of Subclinical Malaria with Primaquine, Report of Army Malaria Mission to Far East Command During the Summer of 1951.

those from Korea, other troops who had been on duty in Asiatic areas where malaria was not prevalent. A study of the reports from Aug. 1, 1952, through July 31, 1953, during which period veterans from Korea were required to have primaquine treatment, showed that of the 400,000 embarked in the Far East approximately 300,000 had been in Korea while 100,000 had been on duty in other areas. This ratio of 3 to 1 was used in computing the approximate number of veterans from Korea listed in table 2. In this table, cumulative totals from the Far East and the approximate totals from Korea include men later discharged from the service as well as those still on active duty. The incidence of malaria in the continental United States includes only men on active duty at time of admission to the sick list. Therefore, no accurate rate per 1,000 can be computed. The figures showing malarial incidence were furnished by the Surgeon General's offices of the departments of the Army, Navy, and Air Force.

TABLE 1.—*Admissions to Sick List Due to Malaria on Military Sea Transportation Service Transports*

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1951	..	..	..	..	43	214	140	81	5	17	14	8
1952	3	1	4	4	9	12	25	21	1	13	7	2
1953	3	..	3	1	2	2	1	3	2	1	..	1

TABLE 2.—*Military Passengers Transported from the Far East by M. S. T. S. and the Incidence of Malaria in Personnel on Active Duty in the United States**

Periods Covered	Total Passengers Transported from Far East	Cumulative Total of Passengers	Approximate Number from Korea	Incidence of Malaria in U.S.
1/ 1/51-6/30/51	58,220	58,220	43,665	1,688
7/ 1/51-12/31/51	185,663	243,883	182,912	11,795
1/ 1/52-6/30/52	202,253	446,136	334,602	5,215
7/ 1/52-12/31/52	202,286	648,422	486,316	7,131
1/ 1/53-6/30/53	200,947	849,369	637,027	1,060

* Figures do not include military personnel transported from Korea by air.

The incidence curve for the summer months of 1953, although it followed the general pattern of the two previous years, showed a great reduction in the number of admissions. There were 90 admissions in April, 263 in May, 556 in June, and a high of 695 in July. The admission of only 484 in August indicated that the malaria season was coming to an end. A similar seasonal curve and incidence rate is seen in the admission to Veterans Administration Hospitals during the spring and summer of 1952 and 1953. According to figures furnished by the office of the Chief Medical Director of the Veterans Administration, the following admissions of patients with all types of malaria were made.

	1952	1953
March	12	8
April	68	8
May	182	68
June	454	108
July	600	
Aug.	438	
Sept.	228	

Incidence of Malaria in United States.—Many servicemen returning from Korea were released from active duty after their arrival in the United States. Any malarial breakthrough in these men was treated either in Veterans Administration facilities or by civilian physicians. The incidence of malaria in military men still on active duty, however, should reflect the general trend and seasonal rates of those veterans who had returned to civilian occupations. During the first six months of 1951 there were 1,688 admissions for malaria in active duty personnel, and during the last six months 11,805 patients were admitted. The seasonal increase started in June when there were 1,228 admissions and reached a peak of 3,894 in August. During 1952 there were 5,225 admissions during the first six months and 7,131 during the last six months. The seasonal increase started a month earlier than the previous year, with 1,181 admissions in May, 2,374 in June, and the seasonal high of 3,024 in July. During the first six months of 1953 there were only 1,060 cases of malaria reported for the entire armed services personnel in the United States (table 3). While relapses of vivax malaria most commonly occur during the first season after infection, relapses may still break through much later. Any evaluation of the incidence rate must take into consideration the fact that the number of servicemen transported by M.S.T.S. alone increased from 43,665 during the first six months of 1951 to a cumulative total of 637,027 by the end of June, 1953. Also, many men returning by air were en route for too short a time to permit primaquine therapy prior to arrival in the United States.

TABLE 3.—*Incidence of Malaria in Armed Forces on Active Duty in Continental United States*

Month	1951	1952	1953
Jan.	8	338	60
Feb.	13	222	39
March	28	172	52
April	84	438	90
May	327	1,181	263
June	1,228	2,374	556
July	2,442	3,024	695
Aug.	3,894	1,979	484
Sept.	2,340	1,170	272
Oct.	1,900	621	125
Nov.	833	195	68
Dec.	386	142	38

From Aug. 1, 1953, through Dec. 31, 1953, an additional 113,320 returnees were transported from Korea. Of these, 105,232 received the full course of primaquine, and 7,650 received from 10 to 13 days' therapy, while only 438 received less than 10 days' treatment.

SUMMARY AND CONCLUSIONS

Chloroquine is an excellent drug for the suppression of malaria. The institution of chloroquine therapy by the Army at the start of hostilities in Korea resulted in the superior combat efficiency of United Nations troops. However, as chloroquine is not a curative drug, many relapses occurred in troops after their return to the United States. During 1951 and 1952, the large number of these relapses was a matter of serious concern to public health officers, civilian physicians, and especially to medical officers of the armed services. Earlier studies

have proved that primaquine is a very efficient drug in curing subclinical malaria and preventing relapses. In 1951, studies made aboard ship showed the feasibility of administering primaquine to troops en route to the United States. As soon as the supply of primaquine was large enough, a mass antimalarial therapy program was instituted in transports of the Military Sea Transportation Service. After 17 months' operation of the program, a material reduction in the number of relapses of Korean vivax malaria occurring in the United States has been demonstrated. With the continuation of the program, it can be anticipated that the incidence of Korean malaria occurring in the United States will be reduced even further.

RECTAL ADMINISTRATION OF URETHANE IN LEUKEMIA

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Urethane is effective in relieving pain in plasmacytic leukemia (multiple myeloma) and in the treatment of chronic granulocytic (myeloid) leukemia.[1] Its usefulness, however, has been limited by undesirable side-effects such as anorexia, nausea, vomiting, and diarrhea. The high incidence of these gastrointestinal symptoms after oral administration of urethane frequently necessitates withdrawal of the drug or reduction in dosage before maximum therapeutic response has been obtained. Therefore, the efficacy of rectal administration of urethane was investigated.

METHODS

Twenty patients were treated with rectal suppositories containing 1 gm. of urethane each in a base of beeswax and theobroma oil.[2] Eight patients had chronic granulocytic leukemia, four patients had chronic lymphocytic leukemia, and eight patients had plasmacytic leukemia. The daily dose of urethane varied from 3 to 6 gm., and the duration of treatment was from two weeks to 22 months. The patients were examined at weekly or monthly intervals. The size of the liver, spleen, and lymph nodes was recorded, and complete blood cell counts were made in all patients. The evaluation of treatment in plasmacytic leukemia was based mainly on subjective improvement. Serial roentgenograms, bone marrow studies, and liver function tests were obtained when indicated.

RESULTS

Of eight patients with chronic granulocytic leukemia, six had a uniformly excellent response to rectal administration of urethane (table 1). This response consisted of a fall in the leukocyte counts to normal or near normal levels with a diminution in the percentage of immature granulocytes. There was a rise in the hemoglobin level and erythrocyte counts, a regression of splenomegaly, and increased well-being of the patient. In four patients, the spleen was no longer palpable. The fall in the leukocyte count usually began within two to four weeks after the institution of therapy with daily doses of from 3 to 5 gm. The duration of treatment varied from two months to five months. The per cent fall in leukocytes in the six patients was 72% to 92% with a mean fall of 85%. The response of one of these patients compared with that obtained with other forms of therapy over a five year period is shown in figure 1. Urethane therapy produced a fall in the leukocyte count comparable to that produced by therapy with P^{32}, Fowler's solution, and x-rays. In two patients (cases 7 and 8) there was a decrease in leukocyte count, but there was no significant change in the percentage distribution of immature cells and no other improvement. These patients were in the terminal blastic stage of the disease.

Of four patients with chronic lymphocytic leukemia, only one responded with a 76% fall in leukocyte count and regression of the spleen and lymph nodes (fig. 2). An initial decrease in the leukocyte count occurred when 3 gm. daily of urethane was administered. A dosage of 6 gm. daily was necessary to reduce the leukocyte count to 32,000. Discontinuance of the therapy resulted in an increase in the leukocyte count. In one patient diarrhea developed after two weeks of urethane therapy (3 gm. daily), and the therapy was discontinued.

Of eight patients with plasmacytic leukemia, two patients had a good subjective response to rectally administered urethane given in daily doses of 3 to 4 gm. This response was characterized by disappearance of bone pain and increased well-being (table 2). Four patients had some relief of bone pain, and two patients had no improvement. In the patient in case 13, myxedema developed after 12 months of therapy. The administration of thyroxin was associated with an increase in bone pain, and the reappearance of the myxedematous state was followed by almost complete relief of pain. In all patients mild to moderate leukopenia developed. No significant improvement in anemia or bone lesions and no

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This paper was read in part at the meeting of the midwestern section of the American Federation for Clinical Research, Chicago, Oct. 29, 1953.

1. Paterson, E.; Haddow, A.; Thomas, I. A., and Watkinson, J. M.: Leukemia Treated with Urethane Compared with Deep X-Ray Therapy, Lancet **1**: 677 (May 11) 1946. Webster, J. J.: Urethane in Leukemia, J. A. M. A. **135**: 901 (Dec. 6) 1947. Bedinger, P. L.; Poncher, H. G., and Limarzi, L. R.: Effect of Urethane on Leukemia, J. Lab. & Clin. Med. **32**: 1394 (Nov.) 1947. Berman, L., and Axelrod, A. R.: Effect of Urethane on Malignant Disease: Clinical, Hematologic and Histological Observations on Patients with Carcinoma, Leukemia and Related Disease, Am. J. Clin. Path. **18**: 104 (Feb.) 1948. Greskoff, A. J.; Fitz-Hugh, T., Jr., and Frost, J. W.: Urethane Therapy in Leukemia, Blood **3**: 896 (Aug.) 1948. Hirshboeck, J. S.; Lindert, M. C. F.; Chase, J., and Calvy, T. L.: Effects of Urethane in Treatment of Leukemia and Metastatic Malignant Tumors, J. A. M. A. **136**: 90 (Jan. 10) 1948. Loge, J. P., and Rundles, R. W.: Urethane Therapy in Multiple Myeloma, Blood **4**: 201 (March) 1949. Rundles, R. W., and Reeves, R. J.: Multiple Myeloma: Variability of Roentgen Appearance and Effect of Urethane Therapy on Skeletal Disease, Am. J. Roentgenol. **64**: 799 (Nov.) 1950. Harrington, W. J., and Moloney, W. C.: Treatment of Multiple Myeloma with Urethane, Cancer **3**: 253 (March) 1950.

2. The suppositories were furnished by Eli Lilly & Company, Indianapolis.

significant change in serum proteins or electrolytes was observed. Although subjective improvement occurred, urethane did not appear to alter the ultimate course of the disease.

TABLE 1.—*Effect of Rectal Administration of Urethane in Chronic Leukemia*

Case	White Blood Cell Count Before Urethane Therapy	White Blood Cell Count After Urethane Therapy	% Fall in White Blood Cells *
Chronic Granulocytic Leukemia			
1	114,000	14,250	88
2	42,750	8,500	80
3	63,500	18,300	72
4	81,000	6,500	92
5	66,700	8,500	88
6	142,000	18,000	87
7†	99,000	70,000	29
8†	430,000	150,000	65
Chronic Lymphocytic Leukemia			
9	319,000	258,000	19
10	131,000	32,500	76
11	163,000	185,000	0
12	240,000	180,000	25

* % fall = $\frac{\text{initial count} - \text{lowest count} \times 100}{\text{initial count}}$

† Terminal blastic stage.

COMMENT

The therapeutic effectiveness of rectally administered urethane appears to be comparable to that obtained by oral administration. In chronic granulocytic leukemia it is as efficacious as Fowler's solution in spacing irradiation therapy (fig. 1). This indicates that satisfactory absorption takes place through the rectum. The effect is most apparent in the fall in the leukocyte counts of patients with chronic granulocytic leukemia.

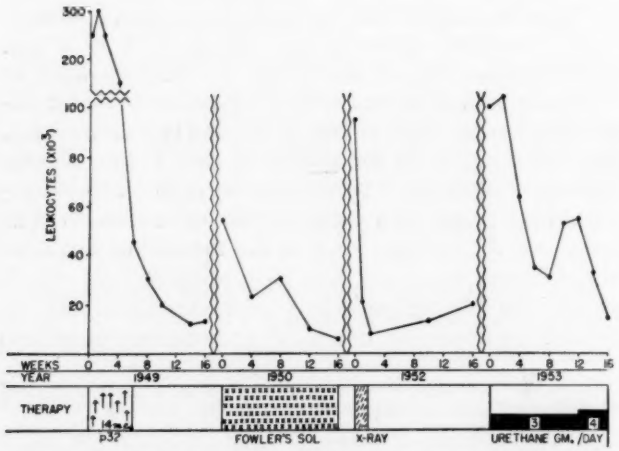

Fig. 1.—Effect of rectally administered urethane in granulocytic leukemia, compared to effect of other forms of therapy. The spacing of irradiation therapy over a five year period by the use of Fowler's solution and urethane is demonstrated.

Ohler, Houghton, and Moloney [3] have reported that in at least 50% of patients treated with urethane administered orally, anorexia, nausea, or vomiting develops. This coincides with our experience even when enteric-coated tablets are used. Furthermore, intact or partially dissolved enteric-coated tablets frequently are found in the stools of patients given urethane orally. In the series of 20 patients treated with rectal suppositories of urethane for periods from two weeks to 22 months, undesirable side-effects were minimal. One patient, who received

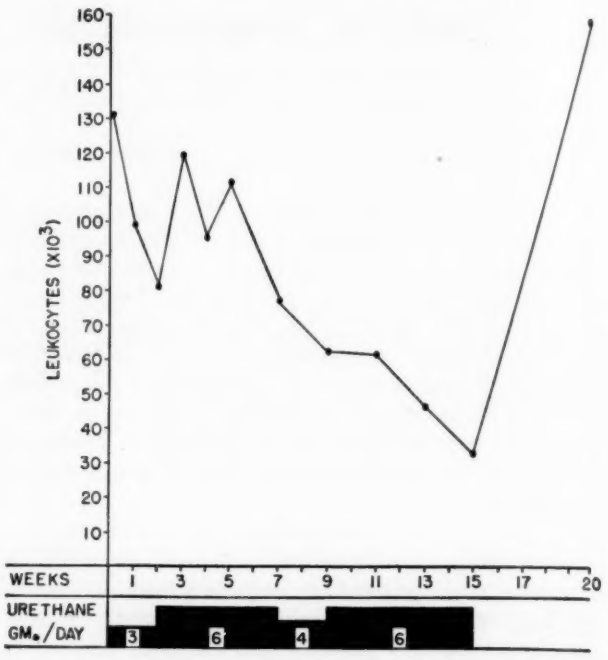

Fig. 2.—Effect of rectally administered urethane in chronic lymphocytic leukemia.

6 gm. of urethane daily, complained of mild nausea. Another patient had diarrhea that necessitated withdrawal of the drug. No other gastrointestinal symptoms were observed, and no instances of rectal irritation occurred. The previously reported [3a] hepatotoxic effect of urethane was not seen in this group of cases.

TABLE 2.—*Effect of Rectal Administration of Urethane in Plasmacytic Leukemia*

Case	Duration of Treatment	Effect	Graded Response
13	22 mo.	Relief of pain, increased well-being Myxedema developed after 12 mo. therapy	++++
14	12 mo.	Relief of pain, increased well-being	++++
15	3 mo.	Moderate relief of pain, increased well-being	++
16	2 mo.	Moderate relief of pain, increased well-being	++
17	3 mo.	Slight relief of pain, rapid progression	+
18	6 wk.	Slight relief of pain, rapid progression	+
19	2 mo.	No improvement	0
20	2 wk.	No improvement	0

The development of myxedema in one patient with multiple myeloma after 12 months of therapy may implicate urethane in thyroid suppression in long-term therapy. Because of this observation, the effect of urethane on I^{131} uptake was studied in five patients. Following two weeks of urethane therapy, 3 gm. per day, the I^{131} uptake was significantly depressed in one of the five pa-

3. Ohler, R. L.; Houghton, J. D., and Moloney, W. C.: Urethane Toxicity, New England J. Med. **243**: 984 (Dec. 21) 1950.

3a. Huggins, C.; Yu, S. T., and Jones, R., Jr.: Inhibitory Effects of Ethyl Carbamate on Prostatic Cancer, Science **106**: 147 (Aug. 15) 1947. Meacham, G. C.; Tillotson, F. W., and Heinle, R. W.: Liver Damage After Prolonged Urethane Therapy, Am. J. Clin. Path. **22**: 22 (Jan.) 1952.

tients. Thyroid function may be depressed in a higher percentage of cases if urethane therapy is maintained for a longer period. This possibility is currently being investigated.

SUMMARY

Twenty patients were treated with rectal suppositories of urethane. The therapeutic effectiveness of rectally administered urethane is equivalent to that of orally administered urethane. Urethane administered rectally is as effective as Fowler's solution in spacing irradiation therapy. Undesirable side-effects were minimal. It is concluded that rectal administration of urethane is preferable to oral or intravenous administration.

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CHLORACNE FROM AN UNUSUAL EXPOSURE TO AROCHLOR

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The first outbreak of acne-like lesions due to high boiling chlorinated compounds in industry in this country was noted by Schwartz [1] in 1936. Subsequently, during World War II, various reports of acne-like lesions in workers exposed to certain chlorinated naphthalenes and diphenyls followed. Collier [2] reported 12 cases of chloracne of the face in workers exposed to the fumes or dust of chlorinated naphthalene and one fatal case due to acute yellow atrophy of the liver. Fifty-five cases of acneform dermatitis were reported by Kelley [3] in 200 persons exposed to chlorinated naphthalene (Halowax). Good and Pensky [4] described 52 cases in electricians, who handled the cold-finished product for the most part. In none of their cases was systemic involvement found. Schwartz's report [5] concerned the involvement of electricians, who installed and stripped wires in ships during the war. The chlorinated naphthalene, which was impregnated into the asbestos and wrapped around the wire as insulation, flaked off in the stripping process. In the cases described, two months elapsed before the appearance of the chloracne of the face. There was no systemic involvement. Peck,[6] Cranch,[7] and Greenburg [8] discuss the chlorinated naphthalenes and chlorinated diphenyls, the appearance of the dermatological lesions, their value in industry, and precautions in handling these chemicals.

The value of the chlorinated naphthalenes and diphenyls in industry is due primarily to their resistance to water and alkali, high insulating value (high dielectric constant), thermoplasticity, chemical stability, and flame resistance, as described by various writers.[9]

The characteristic lesions of chloracne are pinhead to pea-sized pale straw-colored cysts formed by the plugging of the orifices of the sebaceous glands, resulting in retention of the secretion and in the keratinization of the lining membrane. Comedones are present but are not a striking feature. In nearly every worker exposed sufficiently to these chlorinated compounds for a few months these lesions will develop. The exposure may be either to fumes from the hot material or to the solid material on continued contact. Repeated or continuous contact is essential. Lesions have not been reported after short or infrequent exposures. Vesiculoerythematous eruptions, as seen in acute eczematous contact-type dermatitis and simple erythematous eruptions with pruritus, have also been described.[9a]

This paper reports the development of lesions of chloracne in seven workers employed in a chemical plant concerned with organic chemical production.

HISTORY OF EXPOSURE

A chemical company had for some months been using molten salt at 350 F as a medium for supplying accurately controlled quantities of heat to a large jacketed reaction chamber. Because of the dangers of solidification of the salt in the return line, as well as the corrosion problem, it was decided to use a chlorinated diphenyl (Arochlor) as the heat exchange material. The same apparatus was used. This included an oil-fired furnace containing the heating coils, a steel pipe supply line to the reaction chamber, a return line to a large sump pump, and an outflow line from the sump to the furnace (see figure). The reservoir for the sump pump had a capacity of about 400 gal. (about 1,680 liters).

The chemical product, designated as organic acid A, was manufactured with the use of molten salt for heat exchange from January to December, 1949. At that time, chlorinated diphenyl was substituted as a heat exchange material. It was soon apparent that under certain conditions there was slight leakage of vapors from a number of places, particularly around the cover of the sump, and also from all gasketed connections in the system. Because of the known toxicity of these substances, the assistance

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1. Schwartz, L.: Dermatitis From Synthetic Resins and Waxes, Am. J. Pub. Health **26**: 586 (June) 1936.

2. Collier, E.: Poisoning by Chlorinated Naphthalene, Lancet **1**: 72 (Jan. 16) 1943.

3. Kelley, E. F.: Acne From Synthetic Wax (Halowax), Urol. & Cutan. Rev. **47**: 238 (April 1) 1943.

4. Good, C. K., and Pensky, N.: Halowax Acne ("Cable Rash"): Cutaneous Eruption in Marine Electricians Due to Certain Chlorinated Naphthalenes and Diphenyls, Arch. Dermat. & Syph. **48**: 251 (Sept.) 1943.

5. Schwartz, L.: Outbreak of Halowax Acne ("Cable Rash") Among Electricians, J. A. M. A. **122**: 158 (May 15) 1943.

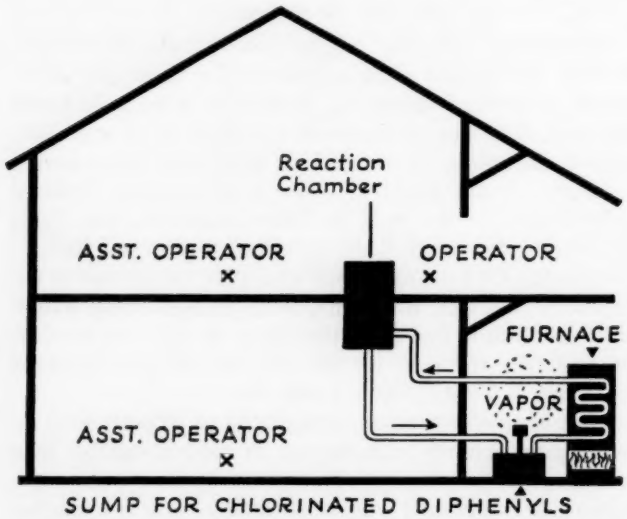
6. Peck, S. M.: Dermatitis from Cutting Oils, Solvents, and Dielectrics, Including Chloracne, J. A. M. A. **125**: 190 (May 20) 1944.

7. Cranch, A. G.: Chlorinated Compounds: Precautions in Handling, Indust. Med. **13**: 110 (Jan.) 1944.

8. Greenburg, L.: Chlorinated Naphthalenes and Diphenyls, Indust. Med. **12**: 520 (Aug.) 1943.

9. (*a*) Mayers, M. R., and Silverberg, M. G.: Skin Conditions Resulting from Exposure to Certain Chlorinated Hydrocarbons, J. Indust. Hyg. & Toxicol. **20**: 244 (March) 1938. (*b*) Schwartz.[5] (*c*) Greenburg.[8]

of the Bureau of Industrial Hygiene, Connecticut State Department of Health, was sought and received. A field study under conditions of obvious vapor leakage was said to have shown negligible air concentrations of the chlorinated diphenyls in the actual breathing zones of the workers. In this study, which was four months prior to the dermatological findings reported here, the air concentration of chlorinated diphenyls was reported by the bureau to be 0.1 mg. per cubic meter of air. The recommended maximum allowable concentration is 1.0 mg. per cubic meter. The figure shows that most of the leakage was at points outside the building but under a roof. No one worked regularly at the points of leakage. Nevertheless, repeated attempts were made to control vapor leakage, without complete success. This operation continued for 19 months without incident or recognition of skin or other manifestations of exposure to chlorinated diphenyls. Each employee had a complete physical examination by an internist prior to working in this environment.



Schematic drawing of the heat exchange system in which the chlorinated diphenyl was used and the points at which workers were exposed to fumes.

An operator making organic acid A ("operator," figure) was sent to one of us because of acute contact dermatitis of the face. In addition to the contact-type of dermatitis, there were noted pinhead-sized straw-colored cysts and comedones on both cheeks and the forehead. A diagnosis of chloracne was made, and the source of exposure was determined. Examination of other workers in this working environment uncovered six additional cases. In all the face was involved especially the cheeks circumorbitally, the forehead, ears, and in one case the mastoid region. All employees were examined carefully by an internist. The seven employees in whom chloracne had developed had liver function tests performed. Tests included direct and total bilirubin determinations and 24 and 48 hour cephalin flocculation, thymol turbidity, and alkaline phosphatase determinations. Six of the subjects had completely normal test results. One employee had borderline cephalin flocculation and thymol turbidity. Thirteen months later repeated liver function tests showed an unchanged cephalin flocculation and improved thymol turbidity. Results of complete blood cell counts and urinalysis were normal in all instances. All had normal blood pressures with no other clinical evidence of any chlorinated diphenyl toxicity.

After the recognition of these cases of chloracne, all but one of the gasketed joints in the heat exchange system, including the cover of the sump, were welded together. A hand hole 6 in. (15 cm.) in diameter was left with a gasketed cover so that the system could be drained or filled when necessary. After that time no vapors were visible, and the odor of chlorinated diphenyls was barely detectable in the immediate vicinity of the sump pump. Continued careful observation of workers has revealed no new cases of chloracne.

COMMENT

The unusual feature of this outbreak of dermatitis was the long period of exposure before any cases were recognized. The sudden recognition of seven cases after exposure up to 19 months was due to the especially careful examination of the skin of all exposed employees after discovery of the first case. Of 14 men exposed or potentially exposed to the vapors of chlorinated diphenyls, 7 presented clinical evidence of chloracne. There was not a very good correlation between the apparent degree of exposure and the development of signs of disease. For example, a foreman, an assistant foreman, and a plant superintendent whose duties would appear to have exposed them only incidentally to the toxic agent had mild to moderate signs. The mean length of exposure of those in whom signs developed was 14.3 months and of those who did not show signs was 11.4 months, but there was considerable overlap, with chloracne developing in one worker after only 5 months in contrast to another who showed no signs even after 19 months' exposure to vapors. Since the manifestations were exclusively on exposed areas of the skin, it appears that the vapors were deposited directly on exposed skin and did not go through the clothing. The nature of each factor determining the appearance or nonappearance of lesions is not clear. Skin pigmentation may be a factor. Three of the workers were Negroes, and none of them had chloracne. No correlation with perspiration could be made, but all cases were discovered toward the end of the summer.

Prevention consisted of controlling the leakage of vapors. The fact that tests of the air, even in the presence of vapors, showed only negligible amounts of chlorinated hydrocarbons indicates that this type of intermittent but fairly long continued "mild" exposure is not innocuous. The low concentration of the chlorinated diphenyl in the air might account for the fact that lesions developed in only 50% of those involved.

SUMMARY

Seven cases of mild to moderate chloracne of the face and head occurred among 14 chemical operators exposed from 5 to 19 months intermittently to small concentrations of the vapors of a chlorinated diphenyl (Arochlor). Leakage of these vapors from a heat exchange system occurred chiefly outdoors, but chloracne was observed among men working inside the adjacent building. In all cases the condition cleared up after treatment. Control of vapors by welding all joints in the heat exchange system prevented recurrences.

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CLINICAL NOTES

ARTHRALGIA, HEADACHE, PROSTRATION, AND FEVER DURING HYDRALAZINE THERAPY

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The antihypertensive drug hydralazine (Apresoline) is currently in widespread use. It has recently been recognized that the prolonged administration of large doses of hydralazine may give rise to a syndrome including arthalgia, fever, and prostration [1]; however, a detailed description of the clinical course of this syndrome has not yet been presented. The nature of this reaction is obscure, and the question whether its occurrence precludes further use of hydralazine is of considerable practical importance.

REPORT OF A CASE

The patient, a 48-year-old white married housewife, was first noted to have arterial hypertension at age 27. The first symptoms referable to hypertension were noted at age 39, when she complained of exertional dyspnea, palpitation, and dizziness. These symptoms became progressively worse, and at age 43 she first noted paroxysmal nocturnal dyspnea. Her arterial pressure was then 240/120 mm. Hg. Shortly after this, a rice diet (eight weeks), bed rest, and sedation were prescribed, after which treatment her arterial pressure was 150/80 mm. Hg.

During the next two years her arterial pressure varied from 170 to 200 mm. Hg systolic over 110 to 120 mm. Hg diastolic. Various medicaments were tried without apparent success. Exertional dyspnea continued to be severe, and episodes of anginal pain were described.

In December, 1952, at age 47, the patient was hospitalized for consideration of a sympathectomy. The arterial pressure was recorded as 225/145 mm. Hg. However, it was decided to try hydralazine first, and since the arterial pressure declined to 160/90 mm. Hg with marked relief of dyspnea and angina during hydralazine therapy, the patient was discharged from the hospital taking a total daily dose of 350 mg. hydralazine. In January, 1953, the patient was hospitalized for symptoms suggestive of pulmonary infarction. At this time the arterial pressure was 150/100 mm. Hg. In February the total daily dose of hydralazine was increased to 400 mg. During the next month the patient complained for the first time of nocturnal itching of the knees and ankles, a symptom that troubled her intermittently thereafter. In May the patient was instructed to take 500 mg. of hydralazine daily. In July, with an arterial pressure of 190/115 mm. Hg, and symptoms of pulsating headache, dizziness, and dyspnea, she was told to increase the dose to 600 mg. During August she felt very well, denying even exertional dyspnea. Her arterial pressure ranged from 160 to 170 mm. Hg systolic over 100 to 110 mm. Hg diastolic.

On Sept. 6, 1953, she first noted a dull, steady, bitemporal headache and prostration. Several hours later she complained of pain in the right shoulder, which then seemed to migrate to the wrists and interphalangeal joints. The pain was so severe on the following day that she was unable to use the affected joints. The knees and ankles had also become involved. On Sept. 9, the left shoulder joint was painful. The pain was almost entirely confined to the affected joints; there was pain at rest, which was accentuated by motion. The pattern of joint involvement changed rapidly, often from hour to hour, with respect to both location and severity. In general, the joints on the right side were more painful than those on the left. The involvement was definitely not symmetrical. The severest and most persistent pain was in the right wrist. Ten grains (650 mg.) of acetylsalicylic acid (aspirin) taken every four hours did not relieve the pain perceptibly. There was a daily temperature rise to a level between 99.0 F and 100.8 F (oral) each afternoon and a night sweat each night.

Because of failure to diagnose this syndrome, the hydralazine therapy was continued. On Sept. 18, cortisone was prescribed in a dose of 25 mg. four times daily. There was a striking initial response, with marked improvement of joint pains and headache; however, this improvement lasted only two days before the symptoms returned, although not to the same degree as before. The patient next complained of a burning pain in the tongue. Her lips became swollen and fissured, and they bled. On Sept. 22, cortisone therapy was discontinued, after which the patient promptly complained of severe joint pains. Cortisone was therefore again prescribed in a dose of 25 mg. three times daily on Sept. 24. Despite this, however, the migrating joint pains persisted, and small, itching, papular skin lesions developed on the face and scalp, especially on the latter. On Oct. 6, the arterial pressure was 160/105 mm. Hg.

On Oct. 17, hydralazine therapy was discontinued. Within 48 hours the joint pains and headache disappeared entirely. Three days later the patient felt well, but her arterial pressure had risen to 200/120 mm. Hg. She had an itching, papular rash over the face and neck and showed evidence of fluid retention. The cortisone was therefore withdrawn. Within several days mild but persistent aching of the right wrist and headache returned. On Oct. 27, an urticarial eruption was noted over the anterior and posterior thoracic area. This eruption lasted only three days. On Nov. 9, the patient complained of mild but persistent headache, wrist pain, and sore tongue.

Despite these mild symptoms, hydralazine was again prescribed on Nov. 24, in a dose of 50 mg. three times daily. The patient took the first dose that evening. After only three doses had been taken, she complained of prostration, and, after four doses, she had severe pain in the right hip joint. The following day there were marked prostration, headache, and joint pain; the right wrist and left shoulder were especially painful. The oral temperature was 99.0 F. Hydralazine therapy was discontinued the morning of Nov. 27, and at the same time cortisone in a dose of 25 mg. three times daily was prescribed. Within 24 hours the patient reported definite improvement. Cortisone therapy was discontinued after four days, again because of fluid retention. By early December she had only mild aching of the right wrist and a mild headache. At the time of this writing, her only complaint referable to the hydralazine reaction is occasional, mild aching of the right wrist.

SUMMARY AND CONCLUSIONS

Arthralgia, headache, prostration, and fever appeared in a patient apparently as a result of prolonged administration of large doses of hydralazine (Apresoline). Skin lesions and glossodynia also occurred. This syndrome should be considered in the differential diagnosis of arthralgia developing during hydralazine therapy. The administration of cortisone seemed to afford definite relief. A small dose of hydralazine given subsequently was followed by a prompt recrudescence of symptoms. The above-described reaction clearly prevented further use of hydralazine in this case.

ADDENDUM

Since this report was submitted for publication, several papers have been published that describe this syndrome in detail.[2]

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1. Dustan, H. P.; Taylor, R. D.; Corcoran, A. C., and Page, I. H.: Syndrome Elicited by Prolonged Administration of Large Doses of Hydralazine, Proc. Central Soc. Clin. Res. **26**: 32, 1953.

2. Morrow, J. D.; Schroeder, H. A., and Perry, H. M., Jr.: Studies on the Control of Hypertension by Hyphex: II. Toxic Reactions and Side Effects, Circulation **8**: 829, 1953. Dustan, H. P.; Taylor, R. D.; Corcoran, A. C., and Page, I. H.: Rheumatic and Febrile Syndrome During Prolonged Hydralazine Treatment, J. A. M. A. **154**: 23 (Jan. 2) 1954. Perry, H. M., Jr., and Schroeder, H. A.: Syndrome Simulating Collagen Disease Caused by Hydralazine (Apresoline), ibid. **154**: 670 (Feb. 20) 1954.

LABORATORY INFECTIONS WITH SHIGELLA FLEXNERI 3 AND SHIGELLA SONNEI

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Surveys by Sulkin and Pike [1] revealed 31 cases of shigellosis among laboratory workers, but only two of these cases had been reported in the literature. The earliest record of bacillary dysentery contracted in the laboratory may be attributed to Hirschburch and Theim [2] in 1918 (cited by Boyd, 1940). Lippincott [3] published a brief description of an accidental infection caused by dysentery organisms of the Flexner type. Kobayashi and co-workers [4] published the only account of a laboratory-acquired infection due to Shigella sonnei. Woolpert, Marsh, and Yaw [5] indicated that their report of a laboratory infection caused by the Shiga organism (S. dysenteriae) was the first on record. Because comparatively little information is available on Shigella laboratory infections, six additional cases are reported.

REPORT OF CASES

CASE 1.—A 23-year-old laboratory technician was admitted to the hospital on Aug. 10 with a history of fever, chills, headache, abdominal cramping, nausea, and diarrhea for four hours with passage of 10 to 12 watery stools. Physical examination disclosed no abnormalities except a temperature of 101 F.

Laboratory studies revealed an initial white blood cell count of 7,750, with a normal differential count. Examination of a rectal swab specimen by routine streaking on Bacto SS and MacConkey's agar plates yielded Shigella flexneri 3 organisms.

Clinical Course.—With supportive therapy alone, the patient became afebrile Aug. 11, was asymptomatic the following day, and was discharged Aug. 13. On Aug. 18 administration of sulfadiazine was started in the dosage of 3 gm. daily. Although he experienced no further diarrhea, his stools were positive for S. flexneri 3 organisms on Aug. 22, 23, and 24. Sulfadiazine therapy was discontinued and oxytetracycline (Terramycin) was substituted in a dosage of 2 gm. daily for six days. Although no Shigella organisms were subsequently isolated, the stools yielded almost pure cultures of Proteus organisms.

Comment.—In vitro tests done by the Syzbalski method [6] revealed that the organism isolated from the patient was resistant to 1,000 mcg. per milliliter of sulfathiazole. The original isolate after 20 transfers on tryptose agar in the absence of sulfathiazole was still resistant to 1,000 mcg. per milliliter of the drug. A sensitive strain was completely inhibited by a concentration of 100 mcg. per milliliter.

From the Chemical Corps Biological Laboratories, Camp Detrick.

1. Sulkin, S. E., and Pike, R. M.: Laboratory-Acquired Infections, J. A. M. A. **147**: 1740-1745 (Dec. 29) 1951; Survey of Laboratory-Acquired Infections, Am. J. Pub. Health **41**: 769-781, 1951.

2. Hirschburch, A., and Theim, H.: Deutsche med. Wchnschr. **44**: 1353, 1918; cited by Boyd, J. S. K.: The Laboratory Diagnosis of Bacillary Dysentery, Tr. Roy. Soc. Trop. Med. & Hyg. **33**: 553-571, 1940.

3. Lippincott, L. S.: A Case of Bacillary Dysentery Contracted in the Laboratory, J. A. M. A. **85**: 901 (Sept. 19) 1925.

4. Kobayashi, R., and others: Studies on Bacillus Dysenteriae Kruse-Sonne (Bacillus Paradysenteriae, Mita) with Special References to Original and Variation Types, Their Pathogenicity, Epidemiology, and Prophylactic Inoculation Experiments, Kitasato Arch. Exper. Med. **8**: 99-173, 1931.

5. Woolpert, O. C.; Marsh, H. F., and Yaw, O. F.: Bacillary Dysentery Resulting from an Accidental Laboratory Infection, J. A. M. A. **113**: 753-755 (Aug. 26) 1939.

6. Syzbalski, W.: Gradient Plate Technique for Study of Bacterial Resistance, Science **116**: 46-47, 1952.

It is quite difficult to assign diagnostic significance to the antibody response of man in Shigella infections. In this case, however, samples were available of the patient's serum obtained prior to, during, and after infection. The antigen used for agglutination tests was derived from the strain isolated from this patient. Antiserums tested were obtained from the patient and from rabbits inoculated with the suspected infecting strain of S. flexneri 3. Serums taken prior to and on the second day of clinical illness did not agglutinate the isolated strains of S. flexneri 3. Serum obtained 12 days after the onset of symptoms agglutinated the same strain in a titer of 1:80, and in serums obtained 19 and 24 days after the onset of the illness titers were 1:160 and 1:80 respectively.

CASE 2.—A 30-year-old laboratory technician engaged in Shigella studies was admitted to the hospital on Sept. 14 with a brief history of generalized myalgia, fever, and diarrhea of five loose stools free of blood or mucus. Physical examination disclosed a temperature of 101 F and diffuse abdominal tenderness.

Laboratory studies revealed an initial white blood cell count of 8,800, with a normal differential count. A stool obtained on the day of admission contained S. flexneri 3 organisms. Additional confirmatory evidence for the diagnosis was suggested by serologic studies performed on paired serums.

Clinical Course.—Administration of oxytetracycline was started on Sept. 15 and continued for nine days in a daily dosage of 2 gm. administered in four equally divided amounts. The patient's temperature, which had risen to 103.8 F on the first day of treatment, abruptly fell to normal on the following day coincidentally with cessation of diarrhea and return of a feeling of well-being. Convalescence was uneventful, and the patient was discharged on Sept. 24.

Comment.—This case gives another example of the potential value of the agglutination test in the diagnosis of shigellosis. Serum taken prior to and early in the course of the disease did not agglutinate the patient's organisms or a known S. flexneri 3 strain. Postillness serum, however, was agglutinated to a titer of 1 to 320 with the same antigens. Only one fecal specimen had been obtained prior to therapy in case 2. Had this specimen not been obtained or had the culture been negative, the agglutination test would have determined the bacteriological diagnosis.

CASE 3.—A 22-year-old technician investigating a strain of S. sonnei was admitted to the hospital on Oct. 23 with a 12-hour history of 12 loose mucoid stools, nausea, headache, and fever. Physical examination disclosed a temperature of 102 F, evidence of mild dehydration, and tenderness in the lower part of the abdomen.

Laboratory data revealed an initial white blood cell count of 9,250, with a differential count of 70% neutrophils, 8% lymphocytes, 8% monocytes, and 14% band cells. Repeated stool cultures were free of pathogens except for one stool on Oct. 24 from which S. sonnei was recovered.

Clinical Course.—The patient was given oxytetracycline from Oct. 24 in a dosage of 2 gm. daily in divided amounts. He was afebrile on the following day, became asymptomatic shortly thereafter, had an uneventful convalescence, and was discharged Oct. 30.

Comment.—Agglutination studies with the organism isolated from the patient showed a rise in antibody titer suggestive of infection with a phase 2 type of S. sonnei. It is interesting that the isolated strain was also a rapid lactose-fermenting variant. No information on the infection of man with rapid lactose-fermenting S. sonnei has been found in the literature. Additional data on this culture are being published in a separate article.

Three additional cases, not discussed here in detail, were of relatively mild severity; in all instances, culture of stools yielded S. flexneri 3 organisms. The clinical response of the three patients was gratifying and their

illnesses subsided after the administration of chloramphenicol (Chloromycetin). No serologic data were obtained for these three cases.

COMMENT

Diagnosis of acute dysentery is generally certain once the causative organism has been isolated from persons showing symptoms suggestive of shigellosis. Recovery of Shigella organisms is frequently accomplished with a minimum of difficulty. On occasion, however, one may be unable to isolate the causative agent despite exhaustive stool studies. In certain cases discussed in the present report it was demonstrated that only a single stool was positive for Shigella while all other stools examined were negative. Therefore, serologic procedures may be of some value in obtaining suggestive evidence for the occurrence of a Shigella infection that cannot be definitely established by cultural methods.

Agglutinins for Shigella organisms apparently do not appear until well into the period of clinical illness or the convalescent stage. The peak of agglutination titer is reached rapidly thereafter and falls off rather abruptly to plateau at a lower level of dilution, e. g., 1 to 20 or 1 to 40, for at least six months and undoubtedly much longer. The agglutination test in shigellosis has several shortcomings as pointed out by Weil.[7] From a practical point of view it would be quite difficult to withhold therapeusis until the appearance of Shigella agglutinins. The persistence of antibodies due to subclinical illness in a large segment of the population would make the evaluation of titers obtained after reinfection a difficult proposition. As with other serologic procedures, a valid interpretation of the titers obtained would be dependent upon use of paired serums.

The problem, presented here, was facilitated (1) by the use of paired serums obtained prior to, during, and after infection with the demonstration of a significant rise diagnostic of an infection due to Shigella organisms and (2) by possession of the suspected infecting strains. Despite disadvantages, if proper serums can be obtained, the tube agglutination test should be considered for use by research teams investigating the epidemiological ramifications of Shigella infections. The incidence of Shigella infection in large institutions, for example, could be more accurately evaluated if serologic procedures were used to supplement culture of the stools.

SUMMARY

Two cases of laboratory infection caused by Shigella flexneri 3 and one caused by S. sonnei were diagnosed by clinical, cultural, and serologic means; three additional infections due to S. flexneri 3 were diagnosed by clinical and cultural methods. The value of serologic tests, in the event of having paired serums available, becomes important when cultural examination is unfavorable. These studies were also facilitated by possession of the suspected infecting strains. Antibiotic therapy was successful in all six cases reported.

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7. Weil, A. J.: Dysentery: A Progress Report for the Years 1942 to 1946, J. Immunol. **55**: 363-405, 1947.

VENTRICULAR DEFIBRILLATORS

R. Stuart Mackay, Ph.D., San Francisco

Recently a good summary on cardiac resuscitation [1] appeared, but one critical phase, the stoppage of ventricular fibrillation, warrants additional discussion. The only acceptable method that can be used to effect stoppage is application of a momentary intense electric shock to the heart (though other uniformly applied shocks, e. g., thermal and mechanical, may work). Recently the critical property of such a shock has been determined, i. e., it has been demonstrated that such a shock must include a specified minimum energy.[2] The practical consequences of this fact are in direct conflict with the common practice of some persons who use the method. Open and closed chest defibrillation will be compared below to indicate the proper duration for the shock, and simple equipment acting in this range will be described.

The closed chest defibrillation experiments that indicated that the important property of a shock is its energy also gave an indication of the magnitude of this energy, which holds as well for open chest work at 60 cycles. As a specific example (from the lower line in figure 6 in the report by myself and Leeds [2]), defibrillation may be brought about by using a 5.4 microfarad condenser charged to 2,000 volts and discharging it through the closed chest. The energy of the discharge, $\frac{1}{2}$ CV^2 (in which V is the voltage to which C, the capacity, is charged), is then 10.8 joules. If one-third of the current traverses the heart,[2] then the energy (minimum required) dissipated in the heart itself is 3.6 joules.

In other experiments on the exposed hearts of similar animals,[3] 60 cycle shocks were administered from the power lines. In this case the energy is given as the product of current, voltage, and time. The absolute minimum acceptable voltage was found to be 55 volts, and the resulting current was 1 amp. This requires that the time, in order to give the above energy, be 0.065 second. This agrees well with the observation [3] of minimum times between 0.02 and 0.1 second. It should be noted that experience has shown that human hearts are defibrillated by the shocks usually used on the dogs in the above experiments.

When in the range of currents that will defibrillate, one should then use slightly more than the shortest time that will deliver the required minimum energy, which is clearly of the order of magnitude of 4 joules (and add a second shock or increment if necessary). It is quite improper to use defibrillating shocks of 5 seconds, with the attendant burning, that some surgeons have employed. It was decided that times between 0.1 and 0.5 second are usually adequate but not too long.

From the Research and Development Laboratory, University of California Medical Center.

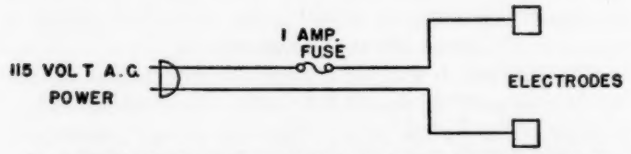
1. Leeds, S. E.: Cardiac Resuscitation, J. A. M. A. **152**: 1409 (Aug. 8) 1953.

2. Mackay, R. S., and Leeds, S. E.: Physiological Effects of Condenser Discharges with Application to Tissue Stimulation and Ventricular Defibrillation, J. Appl. Physiol. **6**: 67, 1953.

3. Mackay, R. S.; Mooslin, K. E., and Leeds, S. E.: Effects of Electric Currents on the Canine Heart with Particular Reference to Ventricular Fibrillation, Ann. Surg. **134**: 173, 1951.

Impromptu defibrillation can be accomplished with no special apparatus at all. For example,[4] there was an extreme emergency case in which successful permanent defibrillation was achieved when the cord was ripped away from a lamp fixture and the bared ends wrapped around a pair of Crile blades placed in contact with each side of the heart, after which the plug was again inserted in the wall for an instant. Under the tension of such a situation the timing of the shock by hand is very uncertain, however, and an automatic unit is highly desirable. Such a unit with added safety features, and containing no radio tubes in the usual sense of the term, has been described [3] and has given good results in many hospitals.

There is one simple device that makes a satisfactory defibrillator immediately available to all until a more sophisticated unit can be built. Since the usual power source fortuitously delivers just about the proper voltage for open chest defibrillation (taking conservative values that usually work), what one needs is a switch that will automatically abruptly open at the end of between 0.1 and 0.5 second. A judiciously selected fuse will do just this. In dogs the current to be interrupted is about 2 amp.[3] and many small 1 amp. fuses require about 0.3 second to blow on this current. In man the current is closer to 3 amp. (the resistances of any two similarly shaped bodies of the same material are inversely proportional to their lengths), and such a fuse requires about 0.16 second to blow. The blowing time of any lot of unknown fuses can be tested by taking the voltage drop that appears across a resistor used to simulate the heart and applying a fraction to the input of a cardiograph, from which the number of A. C. cycles passed can be



An extremely simple arrangement that can be used for stopping fibrillation of the ventricles in animals that do not spontaneously recover (e. g., man). The delayed blowing of the fuse fixes the duration of the shock.

The defibrillator is the apparatus shown in the figure. The electrodes, as previously discussed,[3] are placed in contact with the heart, and the plug is inserted in the wall; then the plug is removed and the fuse replaced. One group of fuses tested in such use (Buss type 3AG1) required an average time of 0.25 second, with a spread extending up to 0.4 second when used at 2 amp. At 3 amp. the time was correspondingly less. For comparison, a 1 amp. fuse (Littelfuse Company) takes 0.2 second with a heart with resistance of 50 ohms, and a 1.5 amp. fuse of the same kind takes 1.1 second with a resistance of 50 ohms in the heart and 0.3 second with a resistance of 30 ohms in the heart. "Slow-blow" fuses used in starting motors should be avoided as they take several seconds. It is desirable that the plug be inserted in the wall so that the fuse is in the ungrounded or "hot" side of the power line. Most sockets are polarized, and only the proper plug is required to assure this. One should not fuse both sides of the line; if two fuses are desired, they should be placed in series in the ungrounded side. Such defibrillators have the interesting property of automatically slightly increasing the time if the current is slightly low, but, of course, their operation is not satisfactory unless the electrodes are making reasonably proper contact. (With a very poor contact conceivably the fuse would not blow.) It should be noted that the operator can receive a momentary shock from any unit not containing an isolation transformer if he is not careful to refrain from simultaneous contact with the patient and ground during the impulse (unless he is wearing intact rubber gloves).

4. Mooslin, K. E.: Personal communication to the author.

COUNCIL ON FOODS AND NUTRITION

ACCEPTED FOODS

The following products containing non-nutritive artificial sweeteners intended for use in low carbohydrate, low sodium, and other therapeutic diets have been accepted as conforming to the rules of the Council. Data regarding composition represent the best available information, which is based on submitted reports of analyses. The Council has requested continuing analytical studies, especially of the sodium content of products intended for use in low sodium diets, because of the natural variations in the composition of processed foods.

JAMES R. WILSON, M.D., *Secretary.*

Monarch Finer Foods Division, Consolidated Grocers Corporation, Chicago.

Monarch Brand Diet Dessert Dietetic Pack Black Bing Cherries.

Ingredients: Black Bing cherries packed in water with the addition of cyclamate calcium (Sucaryl Calcium).

Analysis (submitted by manufacturer).—Available carbohydrates (total carbohydrate minus crude fiber) 11.3%, fat (ether extract) 0.50%, protein (N × 6.25) 0.65%, ash (minerals) 0.25%, sodium 0.3 mg./100 gm., and cyclamate calcium 0.33%.

Calories.—0.52 per gram; 14.7 per ounce.

Use.—In low sodium, low calory, and other therapeutic diets.

Monarch Brand Diet Dessert Dietetic Pack Royal Anne Cherries.

Ingredients: Royal Anne Cherries packed in water with the addition of cyclamate calcium (Sucaryl Calcium).

Analysis (submitted by manufacturer).—Available carbohydrates (total carbohydrate minus crude fiber) 10%, fat (ether extract) 0.5%, protein (N × 6.25) 0.7%, ash (minerals) 0.3%, sodium 0.1 mg./100 gm., and cyclamate calcium 0.30%.

Calories.—0.48 per gram; 13.6 per ounce.

Use.—In low sodium, low calory, and other therapeutic diets.

Monarch Brand Diet Dessert Dietetic Pack Kadota Figs.

Ingredients: Kadota figs packed in water with the addition of cyclamate calcium (Sucaryl Calcium).

Analysis (submitted by manufacturer).—Available carbohydrates (total carbohydrate minus crude fiber) 11%, fat (ether extract) 0.1%, protein (N × 6.25) 0.4%, ash (minerals) 0.3%, sodium 1.7 mg./100 gm., and cyclamate calcium 0.25%.

Calories.—0.48 per gram; 13.6 per ounce.

Use.—In low sodium, low calory, and other therapeutic diets.

Monarch Brand Diet Dessert Dietetic Pack Fruit Cocktail.

Ingredients: Peaches, pears, grapes, pineapple, and maraschino type cherries, packed in water with the addition of cyclamate calcium (Sucaryl Calcium).

Analysis (submitted by manufacturer).—Available carbohydrates (total carbohydrate minus crude fiber) 10%, fat (ether extract) 0.2%, protein (N × 6.25) 0.4%, ash (minerals) 0.2%, sodium 3.1 mg./100 gm., and cyclamate calcium 0.35%.

Calories.—0.45 per gram; 12.8 per ounce.

Use.—In low sodium, low calory, and other therapeutic diets.

COMMITTEE ON COSMETICS

ACCEPTED PRODUCTS

The following products have been accepted as conforming to the Rules of the Committee on Cosmetics. A copy of the rules on which the Committee bases its action will be sent on application.

R. T. STORMONT, M.D., *Secretary.*

Almay, Inc.

ALMAY SOFT-LITE.—A pressed face powder, composed of talc, covering agents, petrolatum, and colors, with or without perfume. (Box: 0.75 oz.)

Aziza Eye Cosmetics, Inc.

AZIZA CAKE MASCARA.—A solid waxy cake composed of beeswax, a white soap, gum arabic, colors, and water. (Cake: 2¾ in. by 11/16 in.)

AZIZA EYE CREME.—An off-white cream composed of petrolatum, lanolin, a preservative, and perfume. (Jar: 1 oz.)

AZIZA EYEBROW PENCIL.—A stiff, homogenous mixture composed of fatty acids, fatty acid esters, a resin, lanolin, waxes, calcium stearate, kaolin, and colors. (Stick: 1⅜ in. by 0.115-0.120 in.)

AZIZA MASCARA CREME.—A cream composed of bentonite, triethanolamine, fatty acids, a fatty acid ester, waxes, lanolin, a preservative, and colors. (Tube: ¼ oz.)

AZIZA MASCARA REMOVER PADS.—Cotton pads saturated with unscented oil.

Cot-N Chips Company

COT-N CHIPS.—Absorbent cotton impregnated with a scented oil.

Gini Products, Inc.

PINWAE HOME PERMANENT.—Waving Lotion: an opaque white solution composed of ammonium thioglycolate, ammonia, an ammonium salt, monoethanolamine, a surface active agent, a clouding agent, perfume, and water. (Bottle: 4 fl. oz.) Neutralizer: a white powder composed of potassium bromate, monosodium phosphate, and a surface active agent. (Package: 0.50 oz.)

Luzier's, Inc.

LUZIER'S BABY LOTION.—A white lotion composed of petrolatum, lanolin, a paraffinic alcohol, an antibacterial agent, sorbitan esters, and perfume. (Bottle: 8 fl. oz.)

LUZIER'S BABY OIL.—A clear white oil composed of petrolatum, lanolin, an antibacterial agent, and perfume. (Bottle: 8 fl. oz.)

LUZIER'S BABY POWDER.—A white powder composed of talc, kaolin, magnesium salts, an antibacterial agent, and perfume. (Can: 10 oz.)

LUZIER'S BODY LOTION.—A pink lotion composed of petrolatum, a paraffinic alcohol, glycerine, a substituted propylene glycol monostearate, polyoxyethylene stearate, cholesterol and cholesterol derivatives, a preservative, colors, perfume, and water. (Bottle: 8 fl. oz.)

Lydia O'Leary, Inc.

COVERMARK.—An opaque cream composed of zinc oxide, glycerine, an absorption base, and colors. (Jar: 1.24 and 4.75 oz., also in stick form.)

Marcelle Cosmetics, Inc.

MARCELLE SATIN TOUCH.—A pressed powder composed of talc, clays, a covering agent, a fatty acid salt and ester, a preservative, a binding agent, colors, and perfume. (Case: ¾ oz.)

Ruth Welbon Laboratories

R-W BABY LOTION.—A thick, white emulsion composed of an animal and vegetable fat, stearic acid, glycerine, triethanolamine, hexachlorophene, perfume, and water. (Bottle: 6 fl. oz.)

Shepard Laboratories

SHEPARD'S SUPERFATTED SOAP.—A white soap composed of tallow, coconut oil, a whitening agent, an alkali, lanolin, perfume, and water. (Cake: 3¾ oz.)

Toni Company

BOBBI HOME PERMANENT.—A creamy solution composed of ammonium thioglycolate, free ammonia, ammonium salts, an emollient creaming agent, a surface active agent, color, perfume, and water. (Bottle: 4 fl. oz.)

TONETTE CHILDREN'S HOME PERMANENT.—A creamy solution composed of ammonium thioglycolate, free ammonia, an ammonium salt, an emollient creaming agent, a surface active agent, color, perfume, and water. (Bottle: 4 fl. oz.)

Vanis Company, Inc.

VANIS CREAM DEODORANT.—A white cream composed of boric acid, zinc oxide, corn starch, an antibacterial agent, petrolatum, and perfume. (Jar: 1 oz.)

Voorhis-Tiebout Company

V-T BORAX SOAP.—A white soap composed of tallow, coconut oil, a whitening agent, and borax. (Bar: 4.68 oz.)

V-T WHITE TOILET SOAP.—A white soap composed of tallow, coconut oil, a whitening agent, and perfume. (Bar: 4 oz.)

COUNCIL ON PHYSICAL MEDICINE AND REHABILITATION

APPARATUS ACCEPTED

The following additional product has been accepted as conforming to the rules of the Council on Physical Medicine and Rehabilitation of the American Medical Association for inclusion in Apparatus Accepted. A copy of the rules on which the Council bases its action will be sent on application.

RALPH E. DE FOREST, M.D., *Secretary.*

Signal Dry Bed Alarm, Model A

Signal Trainer Co., 3357 Mission St., San Francisco 10.

The Signal Dry Bed Alarm is used for awakening patients who are undergoing treatment for enuresis. It consists of a control box powered by a 6 volt battery of dry cells and a pad that is placed on the bed under the sleeper. The bed pad measures 61 by 46 cm. (24 by 18 in.) and is connected to the control box by a cable. The control box measures 16.5 (height) by 26 by 15 cm. (6½ by 10 by 6 in.) and weighs 2.4 kg. (5 lb. 6 oz.). The entire assembly is packaged in a carton measuring 27 by 41 by 29 cm. (10½ by 16 by 11½ in.) and weighing 3.9 kg. (8 lb. 9 oz.).

Signal Dry Bed Alarm, Model A

When the bed pad is moistened by a conducting fluid, such as a dilute sodium chloride solution or urine, the buzzer sounds; an increased amount of fluid causes the buzzer to sound louder.

Evidence from sources acceptable to the Council showed that the apparatus was of sound construction and of value if properly used under the supervision of a physician in selected cases. An apparatus of this type if misused could inflict severe psychic trauma on an enuretic child. The manufacturer supplied evidence to show that the promotional methods used were such as to safeguard the interests of the patient.

THE JOURNAL
OF THE AMERICAN MEDICAL ASSOCIATION
535 N. DEARBORN ST. . . . . CHICAGO 10, ILL.
Editor . . . . . AUSTIN SMITH, M.D.
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Subscription price . . Fifteen dollars per annum in advance
Cable Address . . . . . "Medic, Chicago"

COMMUNITY ACTION FOR HEALTH

Interest in gaining community participation in health measures is growing because the desired goals can be more easily attained in this way than in any other.[1] The community, whether large or small, is rarely a unified whole but rather consists of a number of groups, each with its own standards of behavior and system of beliefs. In addition to racial, national, and religious groups, there may be alignments based on a community of interests; one group may be interested only in schools; another only in politics; and another, only in social welfare; to say nothing of vast unorganized groups with no special interests. Under these conditions community life loses its vitality and individual members lose their sense of importance. When it is recognized that all public health problems are the direct result of a community's way of life, it can be better appreciated that any solution that does not include community action is likely to fail. To attempt to set a goal for community health without understanding the behavior patterns of the groups involved is to be unrealistic. Efforts at health education centered in schools or industrial plants may be useful but only when they send a person back to his family prepared to adjust differences in concepts of the requirements for health and to be a health organizer in his family.[2] If the person is not so prepared, the cost in tension and frustration can outweigh any advantage gained.

Public health is found not in the health department but in the mental attitudes, customs, and set of values of the people. People need to become concerned rather with their community as a whole than with public health. A need to dominate, a wish to monopolize the spotlight to the point of excluding others from participation, and a firm belief in one's own omniscience are attitudes that defeat the purpose of promoting public health. No community is perfect with regard to its health, and none is completely negligent of it, but each community's reaction to its health needs are varied and variable.[3] It is less important to know how good the health of a community is than to know why it is at its present level. A community's reaction to its own level of health depends on (1) its concept of the meaning of health, (2) its concept of the importance of health in relation to other values, (3) the extent of effective communication between public health personnel and the section of the community they wish to reach, (4) how realistic the health plans are, and (5) the extent of participation of private (as distinct from governmental) health agencies, because the former can work with a freer hand.

A notable experiment in community education was carried out in Montana from 1944 to 1947. The first step was to organize a community self-study program embracing the total range of community life. Town meetings were held weekly, and persons who ordinarily did not participate in community affairs became actively involved. The result was a common awareness of community needs. This led to intelligent planning and community acceptance of a sound program. Under these conditions the worst health problems melted away and instead of the health officer's having to defend his program the community demanded and supported it. The success of this experiment led other communities to adopt similar methods.

No one claims that community self-study programs are a panacea for all community ills, but they do cultivate a united community spirit that greatly facilitates the solution of many problems. Health is not to be found apart from the general welfare of the person or the community.

1. Poston, R. W.: Public Health—Product of Community Action: How Does a Community See Its Needs? Am. J. Pub. Health **44**: 303-308 (March) 1954.
2. Koos, E. L.: New Concepts in Community Organization for Health, Am. J. Pub. Health **43**: 466-469 (April) 1953.
3. Koos, E. L.: Public Health—Product of Community Action: How Does a Community React to Its Health Needs? Am. J. Pub. Health **44**: 309-312 (March) 1954.

SEARCHING FOR TUBERCLE BACILLI

It has been estimated that from 10,000 to 100,000 tubercle bacilli per cubic centimeter must be present before the ordinary direct smear search can reveal enough for any given specimen to be considered positive. A smear usually requires about 0.01 cc. of sputum, which should cover about 2 by 3 cm., or 600 sq. mm. An oil immersion field magnified about 1,000 times, with apochromatic lenses, is about 0.11 to 0.14 mm. in diameter.[1] The effective visible field is less, perhaps 0.1 mm. in diameter, representing about 0.008 (1/125) sq. mm. The total number of oil immersion fields would be, therefore, about 75,000.

An experienced worker can cover about 1,000 fields in 10 minutes, or 1/75 of the total area of the slide. After this amount of time, the slide can reasonably be called negative. If only 0.01 cc. of sputum is used and 1/75 of the slide is examined, only 1/7,500 cc. is observed in the time given; therefore, 10,000 bacilli is about the smallest number per cubic centimeter in which one bacillus can be found in the time usually allotted for direct examination, without considering the bacilli that do not take the stain, those that are not acid fast, or those hidden deep in debris. The problem of direct smears, however, involves more than simple calculation. Great skill is needed to pick out caseous flecks from sputum, where most

1. Richards, O. W.: The Effective Use and Proper Care of the Microscope, Buffalo, American Optical Company, 1949.

bacilli are found. Should such flecks be found, it may mean that many less bacilli per cubic centimeter will be observed by direct smear. Furthermore, if the sputum is concentrated, about 10 times as many bacilli will be seen. With good culture technique, however, only a few viable bacilli per cubic centimeter may be demonstrated. This method is more than a hundredfold more accurate than the best direct smear method, in which, at the most, only about 0.1 cc. is used on any one smear and only about 0.1 cc. of the slide examined. One disadvantage of the culture method is that it takes about three to four weeks before the result is known.

There is no sharp line of demarcation between negative and positive sputum in a case of tuberculosis. As more refined methods are used and as examinations are repeated, more positive results will be found. Feld [2] reported in a large series of cases that a single stomach lavage yielded 71.1% positive results, two lavages gave 92%, three 96.1%, four 98.9%, and five 100%.

Other factors alter the results besides the technique used, the time spent on examinations, and the nature of the material. The results in institutions are not always comparable, since one may admit only patients with early tuberculosis and another may admit patients with more nontuberculous diseases.

Sweany [3] reported that in one large institution, beginning about 1935, 72% of the cases were found immediately by direct smear examination, another 13.09% were found after one to three concentrations, another 5.26% were found positive by culture and animal inoculation of sputum residue, and another 2.7% by stomach lavage. Another 4.16% were found to be entirely negative and were thought to be tuberculous, and another 2.7% were thought to be nontuberculous. After five years the study was repeated after the policy of admissions had been altered so that over twice as many patients with nontuberculous diseases were admitted, as well as more patients with early tuberculosis until single stomach lavage could increase the number of cases found only to 86.44% compared to 93.05% discovered in the earlier study. In the later study, direct smears were not being examined, but concentrations yielded at first 67.97% and gastric lavage 18.47% more, making a total of 86.44%. The remainder of the negative cases were divided into 6.3% tuberculous and 7.26% nontuberculous. Although the diagnosis of the last two groups was presumptive, and a few results in each were later found to be erroneous, this altered the figures very little. Had repeated lavages or bronchial aspirations been made, the figures probably would have been higher, as Feld's work indicates. Bronchial aspirations planted on a more enriched culture medium will help to increase the positive findings so that gastric lavages will not be necessary if bronchoscopy is properly performed.

At times, even concentrations, cultures, animal inoculations, stomach lavage, and bronchial aspirations all may fail, because bacilli may not always get from the tissues into the bronchi. By using all of these methods, and with repeated examinations, detection of all cases can be approached. Direct examination does not seem advisable, therefore, except for emergencies or for screening the more strongly positive cases when a quick result is desired.

THE ELECTROENCEPHALOGRAPH IN THE DIAGNOSIS OF EPILEPSY

Most authorities agree that the electroencephalogram shows with a considerable degree of reliability the disordered state of brain function that underlies epilepsy. Malingering will not hide electroencephalographic abnormality, so an electroencephalographic diagnosis is about as close as one can come to an objective diagnosis of this disorder. A clinical fit can be imitated by any determined and reasonably well-informed person. Even in the absence of hysteria or malingering the clinical diagnosis of epilepsy is not always easy; contrary to popular opinion epileptic seizures are not invariably accompanied by loss of consciousness, and the subjective and objective manifestations of partial seizures are as numerous as the functions of the central nervous system. What is usually called "a typical epileptic fit" is merely a common type of epileptic seizure, namely a major convulsion. A high proportion of epileptic seizures are nonconvulsive.

In the waking state, but more especially during sleep, seizure discharges occur, as evidenced by the electroencephalogram, which are not immediately associated with clinical symptoms. These are called subclinical seizures. From a legal point of view "subclinical epilepsy" may seem paradoxical, but medically it is natural and reasonable; many types of disorder occur in subclinical form. One of the chief values of the electroencephalogram is that it can indicate an epileptic brain disorder even when diagnostic symptoms have not come to the attention of the patient, his family, or the examining physician.

In using the electroencephalograph to record the electrical activity of the brain, 80% of patients with a history of epileptic seizures have seizure discharges while asleep. When not asleep, only 35% have seizure discharges. Less than 1% of carefully selected normal control subjects have seizure discharges.

The electroencephalogram has its limitations. Although the finding of seizure discharges creates a presumption that clinical seizures have occurred or will occur, a negative report (no seizure discharges) does not rule out epilepsy. This is because (1) seizure discharges can be present in the depths of the brain and not appear in standard recordings from the surface of the head and (2) discharges may occur so infrequently that there is almost no likelihood of one occurring during the one hour of recording provided for in a routine examination.

2. Feld, D. D.: The Significance of Tubercle Bacilli in Gastric Contents, Am. Rev. Tuberc. **50**: 481-489 (Dec.) 1944.

3. Sweany, H. C.: Underlying Principles and Minimum Standards of Laboratory Examination for Tubercle Bacilli, Am. J. Clin. Path. **12**: 458-466 (Sept.) 1942.

THE PRESIDENT'S PAGE

A MONTHLY MESSAGE

One of the greatest stories of our times in the health field is the remarkable voluntary effort by 100 million Americans to protect themselves against the economic burden of sickness and accidents.

In 1952 more than 2 billion dollars in benefit payments were distributed to the holders of health and accident insurance policies. The total does not include large sums paid under sick leave programs, union-administered plans, and employee mutual benefit associations. This should be an effective answer to those who still clamor for a program of compulsory national health insurance because they assume we are all living on the verge of poverty and cannot take care of our medical needs without federal assistance. Nothing has been so exaggerated by politicians and others than the medical needs of our people.

The growth in the field of voluntary health insurance has been phenomenal. In 1941 only 16 million persons had protection against hospital and medical expenses; now there are nearly 100 million. Recent and encouraging developments in the increasing availability of insurance against expensive illnesses are among the most outstanding advances in voluntary health insurance. This coverage, coming to be known as "major medical and hospital expense insurance," now protects more than one million persons, and the number is growing rapidly. It is being written both in individual and group plans, with benefits extended to dependent family members.

Reimbursable under this type of insurance are fees of surgeons and physicians, private duty nursing, all types of hospital expense, cost of drugs, medicaments, supplies, equipment, prosthetic appliances, physiotherapy, anesthesia, roentgenograms, laboratory tests, and many other items. Major medical and hospital expense policies are written somewhat like automobile collision insurance with deductible provisions ranging from $100 to $500. Maximum benefits are from $2,500 to $10,000.

In order to keep premium rates moderate by encouraging the insured to get only necessary medical services, most insurers today agree to pay 75 to 80% of expenses over the deductible amount, with the patient paying the remaining 20 or 25%. Here is an example: A person holding a $100 deductible policy incurs expenses of $500. The company has agreed to pay 75% of everything over $100. This means it would reimburse the insured $300 as its share of the remaining balance of $400. If in addition to major medical expense insurance this person had the ordinary type of hospital and surgical coverage, his $200 share of the bill would probably be absorbed.

Premiums for major medical and hospital expense insurance run higher than for ordinary health insurance; for example, one company offers $300 deductible insurance, with maximum benefit of $5,000 for each illness or injury, to a single man at age 35 for $45 a year. If this man were married and had family coverage, he would pay an annual premium of $135. This is not a group insurance rate. A firm that sells group plan insurance offers a $100 deductible policy with maximum benefit of $5,000 to a single man for $43.32 a year. Family coverage is provided for an annual premium of $122.28.

One of the nation's largest insurance firms is currently selling major medical and hospital group coverage only to its employees to get further actuarial experience. It provides maximum benefits of $10,000 for the individual and $10,000 for each covered dependent. The deductible amount varies from $100 to $500 according to earnings—the higher the pay bracket the greater the deductible item. Seventy-five per cent of eligible expense over the first $100 to $500 is reimbursable. Here the premiums are 50 cents a week for a single man on a weekly payroll, or $1.50 a week for a married man who wants his wife and children covered.

I have cited but a few examples. They are not necessarily comparable to each other, as the definition of eligible expenses and method of benefit payments varies from company to company.

The growing demand for health insurance has undoubtedly been brought about by the advances in modern medical service and health education. It now behooves doctors and hospitals to keep this interest alive by not abusing the benefits provided. Likewise, insurance firms have the responsibility not to oversell their policies by tacitly allowing agents to promise more than can be reasonably expected on a sound, actuarial basis.

Hospitals and physicians should refrain from furnishing services that are not strictly necessary, and they should cooperate on equal terms with all reputable insuring firms so that free competition may be preserved. *But the most important danger to be avoided is a temptation to increase charges merely because of the presence of insurance.*

If those who have been prudent enough to plan for medical expenses must in the end pay more than if they had no insurance, then they are being penalized for their foresight. It is extremely important that such a situation be avoided.

EDWARD J. MCCORMICK, M.D., Toledo, Ohio.

ORGANIZATION SECTION

STATEMENT BY DR. F. J. L. BLASINGAME ON H. R. 7199 BEFORE COMMITTEE OF HOUSE OF REPRESENTATIVES

I am Dr. F. J. L. Blasingame, of Wharton, Texas, where I am engaged in the active practice of medicine. I am a member of the Board of Trustees of the American Medical Association and am appearing today on behalf of that Association in connection with H. R. 7199, 83rd Congress, currently being studied by your Committee.

My testimony is directed to only two aspects of the bill, namely, the suggested compulsory coverage of physicians under Title II of the Social Security Act, as amended, and the "waiver of premiums" provision included in section 106. The Association has not taken any position with regard to the other provisions of the bill which do not have primary medical implications.

The American Medical Association strongly opposes compulsory coverage of physicians under Title II of the Social Security Act. In June, 1949, the House of Delegates adopted a resolution to this effect. Another such resolution was adopted at the last meeting of the House of Delegates, in December, 1953. The most recent resolution adopted in December, 1953, provides:

"WHEREAS, Legislation has been introduced into the Congress providing for the extension of compulsory coverage under Title II of the Social Security Act to self-employed persons, including physicians; and

"WHEREAS, The House of Delegates has in the past registered its disapproval of the principle involved in this legislation; and

"WHEREAS, Physicians desire the continued right to establish retirement benefits for themselves in a voluntary basis rather than being compelled to participate in a tax-supported government program which they do not want; and

"WHEREAS, The Jenkins-Keogh bills (H. R. 10 and H. R. 11) now before the Congress provide for development of a voluntary pension program which is equitable, free from compulsion, and satisfies the retirement needs of physicians; therefore be it

"*Resolved*, That this House of Delegates reaffirm its support and endorsement of the voluntary pension program provided in the Jenkins-Keogh bills and its strong opposition to the extension of compulsory coverage of physicians under Title II of the Social Security Act."

In February, 1954, the Board of Trustees again reviewed this question and reaffirmed the Association's position of opposition to compulsory coverage. The Board did determine that no objection would be raised to the extension of the Old Age and Survivors Insurance provisions of Title II so as to permit voluntary coverage of physicians.

We consider it absolutely incompatible with the free enterprise system for a group to be compulsively covered under a governmental system of old age benefits when that group strongly and with great force opposes such coverage.

We have carefully reviewed the report of the advisors to the Secretary of the Department of Health, Education, and Welfare and have been unable to find any reasons to justify this part of their recommendations. I am here to assure you gentlemen that the members of the medical profession do not feel discriminated against by having been excluded from the provision of Title II of the Social Security Act. On the contrary we believe that we are capable of planning for our security in old age and are not desirous of governmental intervention.

Another and very practical consideration is the fact that only a small proportion of the self-employed physicians consider age 65 as a line of demarcation between their working years and retirement. Those who are able to work prefer to keep right on taking care of sick people; many of them taper off the amount of work they do as they grow older. However, in an unpublished study prepared by our Bureau of Medical Economic Research, it was found that one half of the physicians actually retiring from practice after age 65 did so after age 74.

If forced under this program, the typical physician would be required to continue to pay OASI taxes from age 65 to age 74 or 75 before he would receive any benefits.

This prospect of indefinite retirement for the members of another great profession was very well stated in a recent issue of the American Bar Association Journal (February, 1954) by Judge Allen L. Oliver, Chairman of the Committee on Unemployment and Social Security of the American Bar Association. I quote:

"In summary, the self-employed professional differs from the employed person because he is not forced into abrupt and complete retirement, because he usually continues substantially remunerative activities after age 65, because his entire life and training emphasizes individual activity rather than group treatment."

Old age benefits under the Act simply do not fit the economic pattern of the life of the self-employed physician. To compel him to come under the provisions of this portion of the Social Security Act would represent a failure to understand that physicians, like many other professional people, serve the citizens of their community best by following their traditional economic pattern of life. In making this comment, it is not my intention to make any inferences whatsoever regarding the applicability of Old Age and Survivors Insurance Program to the 50 million employed persons in the United States.

I do not come here empty handed. The American Medical Association has repeatedly expressed its support of the Jenkins-Keogh bills which are now before this committee for consideration. We are grateful to the Chairman, Mr. Reed, for having sponsored with Mr. Keogh the original bills of the previous Congress and to Mr. Jenkins, Mr. Camp, as well as Mr. Elliott and Mr. Keogh. These bills would provide a long-range plan for encouragement through tax-deferments for self-employed people to set aside limited amounts from their earned income into restricted retirement annuity or pension trust programs from which they could draw benefits on attaining age 65.

I believe all members of this committee understand that these bills would provide only tax deferment, not tax avoidance. It would give the 11,000,000 self-employed people who want to save for their old age an opportunity to do so under conditions approximately equal to those provided by corporate pension plans approved by the Bureau of Internal Revenue under Section 165 (a) of the Federal Internal Revenue Code. H. R. 10 and 11, 83rd Congress, provide flexible arrangements which would fit the economic pattern of the life of the self-employed physician. It would encourage approximately 11,000,000 self-employed people to provide for their own retirement. I am glad to note that these identical bi-partisan bills would also grant tax-deferment encouragement to approximately 30,000,000 pensionless employed people. We support these bills heartily because they would provide prepaid pensions for all who are willing to save. We are glad to join hands in support of these measures with many other associations such as the American Bar Association, the American Dental Association, the American Institute of Accountants, and the American Farm Bureau Federation, many of whose members are self-employed farmers. We believe that our country is so diversified and that people earn their living under so many different conditions that it is wise public policy for the Congress to provide a flexible pension system for the self-employed and to permit the pensionless employed to participate in the same program.

The second portion of the bill concerning which I would like to comment is section 106 which proposes a waiver of premiums and the preservation of insurance rights of individuals with extended total disability. While we are pleased to note that this section of the bill includes a number of safeguards which did not appear in the bills which heretofore have been before this Committee, we are still constrained to oppose this portion of the bill because it most definitely would become an entering wedge for the regimentation of the medical profession by creating the mechanism for the adoption of a federal cash per-

manent and total disability benefit program, which in turn could lead to a full fledged system of compulsory sickness insurance. The provisions in this bill cannot be appraised solely as an isolated, detached effort to provide some measure of aid to the disabled worker. We believe that this and every other step in the direction of a compulsory sickness insurance system must be opposed.

It is true that under the present system a man who is permanently or totally disabled or who goes from covered to non-covered employment during his lifetime is penalized. This is due to the fact that all of the years following the entrance of a wage earner into the Social Security System are counted as "elapsed years" and are used in determining his annual average wage, which is the key in figuring the basic Old Age and Survivors Insurance benefit. It is our recommendation that in lieu of the approach embodied in Sec. 106 the Committee give consideration to the more liberal formulas of most modern systems for computing benefits, such as those followed by most corporate pension plans and indeed by the government itself in the case of the Civil Service Retirement System. These systems involve the use of the five or ten best years during a man's working lifetime in computing retirement benefits with an allowance in the form of increment years for each year of gainful employment. This latter provision compensates a wage earner who has had a long period of covered employment and consequently has made larger contributions into the pension fund. If such a method were adopted, it would be unnecessary to consider gaps in a man's wage record, regardless of whether they were due to permanent or total disability, non-covered employment or any other cause.

For the reasons which I have outlined above, we are opposed to the two provisions of H. R. 7199, 83rd Congress, to which my remarks have been directed.

STATEMENT BY DR. DAVID B. ALLMAN ON H. R. 8356 BEFORE COMMITTEE OF HOUSE OF REPRESENTATIVES

I am Dr. David B. Allman of Atlantic City, New Jersey, where I am engaged in the practice of medicine. I am a member of the Board of Trustees and the Chairman of the Committee on Legislation of the American Medical Association. I am appearing here today as a representative of that Association concerning H. R. 8356, 83rd Congress.

We are grateful to the Committee for permitting us to delay our appearance on this bill until after the joint meeting of our Committee on Legislation and the Executive Committee of the Board of Trustees which was held in Chicago last Wednesday, March 31. Our organization has now formulated a position on the bill which I shall present today.

Inasmuch as you have been conducting hearings on this measure for some time, it is unnecessary in our statement to review the bill in detail. I should like to state at the outset, however, that the American Medical Association is in complete accord with the principal purpose of the bill, which is to promote the best possible medical care on reasonable terms. It is reassuring to the medical profession to find that the official position of the government is one of trust and confidence in the ability of private initiative to solve existing problems in the field of medical care. As was stated before this Committee last January, our Association has for many years adhered to a policy which parallels the above referred to purpose of this bill. We are also in agreement that the most feasible method of accomplishing this result for most of the people is through voluntary health insurance.

The Association, however, seriously doubts whether the mechanism suggested in H. R. 8356 is essential and whether it will, in fact, accomplish the desired results.

In determining its essentiality we believe that it is necessary to give full and complete consideration to the tremendous strides which voluntary health insurance has made in this country and the simultaneous improvement in benefits provided to meet the desire of the public for more adequate protection. The expansion of coverage and the improvement of benefits to cushion the economic shock of hospital, surgical and medical expenses, has been phenomenal during the past few years. Inasmuch as complete statistical data outlining this expansion and growth have been made available to your Committee by previous witnesses, I shall not repeat these figures at this time. I understand you have also been briefed on the progress and prospects of the newest area of health insurance—"major medical expense" coverage which is designed to provide protection against the unpredictable, the unexpected, illness, acute or chronic, the financial impact of which would seriously disrupt the family budget.

It is our belief that the figures which have been presented hold real promise for still greater progress in health insurance coverage. This fact plus the demonstrated ability of the industry to meet the needs and demands of the public indicates to us that it is unnecessary for the federal government to enter the field. The public interest will be served best and continued progress of health insurance protected by preserving the freedom and competitive features of the present method of operation.

It must also be emphasized that there is a limit to the number of insurable people in this country, and a limit to what can be accomplished by insurance. In any effort to solve the economic problems of medical care, it is essential to consider two groups of individuals: (1) those who are able to pay the normal costs of medical care, and (2) those who are indigent. Most of the American people fall within the first group and have access to the many forms of health insurance now offered. Some of these have elected to carry their own risk either because of their financial ability to do so or because they are not convinced of the wisdom or necessity of purchasing protection against medical expenses in advance. As the desirability of insuring against medical expenses is more generally accepted and as the improvement and development of new types of coverage evolve, it is reasonable to expect that the maximum number of "insurables" will be covered.

The other group—the indigent—poses distinctly different problems. These individuals do not have the funds with which to purchase insurance and are dependent, in some measure, on outside assistance for the basic necessities of life. The American Medical Association believes that if the medical care problems of this group cannot be solved by the individuals or their families, the responsibility should be assumed by the local and state government.

As an Association we have been greatly concerned with the individuals in this category and are making efforts to aid in the solution of this very difficult problem. Through our Council on Medical Service we have undertaken a series of studies of the organization and operation of state and local indigent medical care plans which are effective in meeting the need. Fifteen such studies have been made to date and five more will be completed this summer. These reports are being published in THE JOURNAL of the Association and distributed to all state and county medical societies. Through this method and through the establishment of suggested criteria for such plans medical societies have been stimulated to organize an adequate program or improve an existing one.

Recognizing that the medical profession is only one of a number of parties concerned in the total health care picture of the indigent a permanent study group comprised of representatives of the American Medical Association, the American Hospital Association, the American Dental Association, the American Public Health Association and the American Public Welfare Association has been established. Two immediate projects being undertaken by this study group are:

(1) Preparation of a basic statement on the total problem of health care for the indigent.

(2) A series of joint field studies by staff personnel of the various agencies represented so as to consider the problems, operations, and services of all groups concerned with providing medical, hospital and related services to the indigent.

Finally, the Association is considering the establishment of a field service to assist state and county medical societies in developing programs in this field. As a pilot project along this line, the field staff spent five weeks in one state during the summer of 1953 to help collect basic data and information which might lead to a formal state organization and to adequate financing for an indigent medical care program.

We hope that expanded efforts by private agencies and an awakening by state and local governments to their responsi-

bilities to the indigent will lead to a solution to the problem. It is not clear, however, how persons in the indigent group will be assisted by the provisions of the bill under consideration, without some form of federal subsidization paid through the insurance companies. We believe this would be objectionable.

As physicians, we have a real interest in this bill; nevertheless, we do not feel qualified to comment authoritatively on its technical insurance and reinsurance aspects. We have, therefore, in considering the bill, met with representatives of the insurance industry and have studied carefully their testimony before this Committee during the past week. We have noted the reluctance and in some instances, the expressed fear with which these insurance authorities have viewed the proposal.

We were impressed by the comments of Mr. Edwin J. Faulkner when he said, in testifying before your Committee on March 26:

"Government reinsurance of health insurance plans would introduce no magic into the field of financing health care costs. Reinsurance can distribute risks among insurers just as insurance distributes them among policyholders, but no matter how far this distribution is carried, it must be sound to succeed. Reinsurance does not increase the ability of the insurer to sell protection to the unwilling buyer. Reinsurance does not reduce the cost of insurance. Reinsurance does not make insurance available to any class of risk or geographic area not now within the capabilities of voluntary insurers to reach."

Another statement by Mr. John H. Miller on behalf of three health and accident insurance associations with over 300 member companies stated, in part:

"Reinsurance, therefore, does not provide a means of making insurable what would otherwise be an uninsurable risk. It does not add to the aggregate resources of the insurers. It does not help to sell insurance nor does it reduce the cost of insurance. If our citizens are not to labor under a misunderstanding, it is essential for them to realize that reinsurance is not a panacea, and that it does not provide additional funds to finance the cost of medical care. As has been made clear in this presentation of the program, voluntary insurance cannot relieve the community of the burden of providing medical care to the indigent nor is it helpful to those who presently cannot qualify for it, and reinsurance does not enhance the power of insurance in these areas. The reinsurance facilities have been proposed with the purpose of extending the frontiers of insurance effectiveness. The rapid development of accident and sickness insurance has, however, been accomplished with little use of the already extensive reinsurance facilities available to the insurers, and we see no evidence that progress would have been augmented had reinsurance been used to a greater extent. The underwriting, or risk bearing, capacity of the companies in this business is very large."

These and other expressions of opinions from the insurance industry plus our own analysis of the bill have led us to the conclusion that a federal reinsurance system such as proposed by the bill could not be expected to achieve the objectives set forth in this legislation. In addition, the measure as drawn would place extensive regulatory power in the Secretary of the Department of Health, Education, and Welfare. The concentration and delegation of such potential power and control over a vital branch of American industry in a department of the Executive Branch of the government without clear and convincing evidence of need is extremely difficult to justify.

Let me reiterate that we believe the sponsors of this proposal are deserving of commendation in attempting to spread voluntary health insurance through private initiative. Nevertheless it is the belief of the American Medical Association that the bill will not fulfill its intended purpose and may, in fact, inhibit the satisfactory progress which is now being made by voluntary insurance companies. For these reasons it is the recommendation of the Association that this bill should not be reported favorably by this Committee.

In conclusion, let me express my appreciation for myself and for the American Medical Association in permitting an expression of our views on this bill.

STATEMENT BY DR. GEORGE F. LULL ON H. R. 7397

Honorable Charles A. Wolverton
Chairman, Committee on
Interstate and Foreign Commerce
House of Representatives
Washington, D. C.

Dear Sir:

I would like to take this opportunity on behalf of the American Medical Association to submit for your consideration our views concerning H. R. 7397, 83rd Congress, which is currently being studied by your Committee.

The stated purpose of the bill is to amend section 314 of the Public Health Service Act, as amended, so as to extend and improve public health services and to provide for a better use of federal funds.

The American Medical Association, which has always promoted state and local health services, approves this purpose, and approves the bill generally, although it has reservations as to particular provisions and considers that clarification of the effect of those provisions is imperative.

For many years, our Association has counseled with individuals and with various agencies of the government relating to state and local public health matters. Our comments now, as they have been in the past, are based upon long experience in ministering to the health needs of the nation and in observing and participating in the operation of the various health programs now in effect.

We consider it eminently desirable for local health officials to have greater responsibility and discretion in planning for and solving public health problems. Sound proposals to meet these objectives have the approval of this Association.

At the present time, section 314 of the Public Health Service Act authorizes separate appropriations for grants-in-aid to the states in connection with certain specifically enumerated diseases, such as tuberculosis, venereal disease, cancer, mental disease and heart disease, as well as for public health services generally. Therefore, grants-in-aid at the present time are specifically "earmarked" by the Federal government for particular purposes.

The bill under consideration would, if enacted, replace the present method by providing in lieu thereof authorization for three broad categories of grants. They are:

(1) grants to states to assist them in meeting the costs of "public health services";

(2) grants to the states to assist them in "initiating projects for the extension and improvements of their public health services"; and

(3) grants to states "and to public and other nonprofit organizations and agencies" to assist

(a) "in combatting unusually severe public health problems in specific geographical areas";

(b) "in the carrying out of special projects which hold unique promise of making a substantial contribution to the solution of public health problems common to a number of states"; and

(c) "in meeting problems of special national significance or concern."

In the basic, or type (1), grant the financial aid formula would be based on a state's relative population, and fiscal resources as measured by the state's per capita income. Each state would have a minimum allotment of $50,000 with the total federal share varying from 33⅓% to 66⅔%. Payments would depend upon submission by the state health authority of a plan meeting federal requirements.

The extension and improvement, or type (2), grant would carry a minimum state allotment of $25,000 with the federal share up to 75% for the first two years, 50% for the next two, and 25% for the last two. Allotments for this type grant would be based upon population ratios.

The unique project, or type (3), grant would be made by the Surgeon General of the United States Public Health Service from money available for any fiscal year. Payments would be made in advance or by reimbursement for services and supplies determined by the Surgeon General as necessary to carry out the unique project.

Subsection (3) would give the Surgeon General authority to approve any state plan submitted for the three types of grants. These plans would have to meet such requirements as the Surgeon General might prescribe by regulation.

The bill provides that all regulations with respect to type (1) and type (2) grants "shall be made after consultation with a conference of the state health authorities" and "insofar as practicable" the agreements of these officials shall be obtained "prior to the issuance of any such regulations or amendments." This appears to be the same requirement which is in effect with regard to all grants under the present Act. As to type (3) grants, payment "shall be made on such conditions as the Surgeon General finds necessary to carry out the purposes" of the subsection.

It appears that it is the intention of the bill to include under type (1) all grants now being made to the states under the present Act for the enumerated diseases, as well as for general health services.

We recommend that the extension and improvement on type (2) grants be eliminated from the bill and that funds used for this purpose be considered an integral part of the basic or type (1) grant. Under such an arrangement, the decision with respect to extension and improvement of public health services would be the initial responsibility of the State Health Officer concerned and would be included in the plans submitted to the Surgeon General for approval in connection with type (1) grants.

It is noted with respect to type (3) grants that they may be made to "states and to public and other non-profit organizations and agencies." This language appears to be somewhat similar, but not identical, to that used in past appropriations bills for the Department of Labor and Federal Security Agency, re National Cancer Institute (for example, Public Law 452, 82nd Congress), and also similar to the language used in Public Law 655, 80th Congress, (which amended the Public Health Service Act) relative to heart disease. However, in the context in which the term is used, and in view of the apparently unlimited authority of the Surgeon General with regard to the type (3) grants, this language should be clarified.

It also appears that there is little, if any, limitation on the authority of the Surgeon General with respect to the issuance of regulations and the allocation of money available for type (3) grants, since he is not required to seek the advice of state health authorities prior to issuing such regulations or allocating available money. The extent to which the authority of the Surgeon General in this respect can and should be limited, considering the types of grants involved, is a matter for the serious attention of the Committee. We believe the Surgeon General should be required to consult with the appropriate state health authorities on an advisory council on the proposed type (3) grants.

We believe that the intention of the bill with regard to other phrases used in connection with the type (3) grants should be spelled out in more detail. For example, the phrase "problems of special national significance or concern" is susceptible of very broad interpretation. The importance of clarifying these terms is emphasized by the fact that state health authorities will have no right under the bill to be consulted on the type (3) grants, nor does the bill provide for any advisory or consultative bodies to aid in these determinations.

It is obvious, also, that one of the key provisions, in terms of the overall impact of this proposal on present programs and on the scope and effect of the new legislation is that which appears on page 2, as follows: "The portion of such sums which shall be available for each of such three types of grants shall be specified in the Act appropriating such sums." The extent to which this matter could or should be determined in advance of annual appropriations is a problem which we feel the Committee should explore. We believe that only a small percentage of the funds appropriated should be allocated to other than type (1) grants. We further believe that established percentages should be included in the pending legislation.

Finally, in connection with this and other bills concerning grants-in-aid to the states, it appears appropriate to invite the Committee's attention to the scope of the duties assigned to the Commission on Intergovernmental Relations, which was created during the 1st session of the 83rd Congress, and the desirability of having the benefits of its findings and recommendations in this highly important field prior to extensive legislation changing the present grant-in-aid policies and requirements.

As indicated above, the American Medical Association approves this bill, with the following recommended amendments:

1. Type (1) and type (2) grants should be lumped together in a single category;
2. The terms used in type (3) grants should be more clearly defined;
3. The Surgeon General should be required to consult with state health authorities or an advisory committee in connection with type (3) grants;
4. This legislation should establish percentages of the total funds to be used on each type of grant, and the amount allocated to other than type (1) grants should be only a small percentage of the total.

Sincerely yours,
George F. Lull, M.D.
Secretary and General Manager

RECORDS AND CIRCULATION DEPARTMENT

This is one of a series of brief statements explaining the work of various departments of the American Medical Association. —ED.

The functions of the Records and Circulation Department of the American Medical Association include (1) maintaining accurate records of membership as well as lists of subscribers to A. M. A. scientific journals and the Quarterly Cumulative Index Medicus, (2) compilation of the American Medical Directory, and (3) maintaining biographical records of physicians. About 750,000 cards are required to record 125,000 members of the A. M. A. and 100,000 subscribers to the various scientific publications. These cards keep abreast of all changes of address and on request the department even sends journals to temporary summer residences. Membership cards are prepared each year and forwarded to members by this department. When two or more physicians have the same or similar names, confusion arises unless complete identifying information on each is available; therefore, the cooperation of state and county medical societies is essential to the proper functioning of this department.

Enrollments and registration of members at the annual meetings are a responsibility of this department. This requires the transportation of adequate records and supplies to the host city for each meeting.

The American Medical Directory is a valuable source of information for doctors, medical societies, and the public. Physicians use the directory to check addresses of former colleagues, to ascertain the qualifications of authors, associates, and speakers, to recommend to their patients physicians in their own or other localities or other specialties, to compile a list for the mailing of their own reprints, and to obtain information on hospitals, medical schools, medical libraries, medical journals, examining boards in medical specialties, and allied subjects. Of the total copies sold, more than half were purchased by physicians for their individual use, with the remaining 46% purchased by hospitals, clinics, commercial organizations, insurance companies, libraries, medical societies, medical schools, health departments, and federal agencies. The first edition of the American Medical Directory was issued in 1906. Subsequent editions have been published at intervals of about two years except after each of the world wars. The 18th edition, the current edition, was published in 1950, and another is slated to appear in 1955.

The Directory Department keeps up-to-date about 500,000 cards containing such information on physicians as date of birth, medical school and year of graduation, state and year of license, internships and residencies, professorships, medical society affiliations, certifications by specialty boards, specialty practiced, and residence and office addresses. Since 1923, the department has published twice each month data on new physicians, changes of address, deaths, physicians entering government service, and physicians terminating government service. This supplementary service is furnished on a subscription and service-fee basis to organizations maintaining mailing lists of physicians.

TELEVISION PROGRAM ON ARTHRITIS, APRIL 29

The "March of Medicine" television cameras will offer the nation a glimpse into research on arthritis and rheumatism at 10 p. m. (EDT) Thursday, April 29. Second in the 1954 spring series presented over the NBC television network by Smith, Kline and French Laboratories and the American Medical Association, "Progress Report No. 5—The Challenge of Arthritis and Rheumatism" will originate from New York City.

Opening the program with an introduction to the topic will be Dr. Walter Bauer, Jackson Professor of Clinical Medicine, Harvard medical school. Dr. Joseph Bunim, of the National Institutes of Health, Bethesda, Md., is to bring the public up-to-date on diagnostic methods, and Dr. Edward W. Lowman, assistant professor of physical medicine and rehabilitation, New York University, will show how arthritics are rehabilitated.

Discussing treatment will be Dr. Charles H. Slocumb, Mayo Clinic, Rochester, Minn., and members of the New York University Study Group on Rheumatic Diseases, including Dr. Morris Ziff, instructor of medicine, and Maxwell Schubert, adjunct associate professor of chemistry New York University. Dr. Currier McEwen, dean New York University College of Medicine, will lead the study group presentation. Seventy-eight stations from coast to coast will telecast the "March of Medicine" program. The last show in the current series will be telecast from the American Medical Association's Annual Meeting in San Francisco on June 24.

FEDERAL MEDICAL LEGISLATION

Indian Hospitals

Congressman Edmondson (D., Okla.) in H. Con. Resolution 221, would declare it to be the policy of Congress that no Indian hospital "be closed or reduced in capacity or service," if the closing of such hospital would create a shortage of hospital facilities in such area and "if the infant mortality rate or the death rate from tuberculosis among the Indian population in the area served by such facility be higher than the similar rates among non-Indian population in the area." The bill was referred to the Committee on Interior and Insular Affairs.

Narcotic Addicts

Congressman Bender (R., Ohio) in H. R. 8559, Congressman Javits (R., New York) in H. R. 8564, and Congressman Tollefson (R., Washington) in H. R. 8577 would authorize state courts to commit narcotic addicts to the care of the U. S. Public Health Service, subject to confinement and discipline by the Public Health Service hospital authorities. These bills are similar to S. 3109, previously reported. They were referred to the Committee on Interstate and Foreign Commerce.

STATE MEDICAL LEGISLATION

Kentucky

Bill Introduced.—H. 16, to amend the motor vehicle law, proposes to prohibit the operation of a motor vehicle under the influence of narcotic drugs and sets forth the percentages of blood alcohol contained in the uniform act. If the person has in his blood 0.15% or more by weight of alcohol it shall be presumed that the defendant was under the influence of intoxicating liquor. The proposal would not require persons to submit to the test but would provide that refusal to submit may be commented upon by the prosecution in the trial against such person.

Bills Enacted.—H. 178, was approved March 25, 1954. It provides an appropriation for the purpose of making loans and scholarships for the study of medicine by students who are bona fide residents of the commonwealth and who desire to become physicians and who are acceptable for enrollment in a medical school approved by the state board of health. H. 383, was approved March 25, 1954. It amends the chiropody practice act by, among other things, defining chiropody in such a way as to authorize licentiates to treat with analgesics, antipyretics, and codeine orally and antibiotics or sulfanilamide agents through local application. H. 286, was approved March 25, 1954. It authorizes an appropriation to the Kentucky state department of health to aid, assist, and promote the Rural Kentucky Medical Scholarship Fund. H. 401, was approved March 25, 1954. It provides regulations for the effective control of the spread of communicable tuberculosis. S. 104, became Law without Approval March 25, 1954. It provides for the creation of a Kentucky board of ophthalmic dispensers to examine, license, and regulate ophthalmic dispensers in the state.

The summary of federal legislation was prepared by the Washington Office of the American Medical Association and the summary of state legislation by the Bureau of Legal Medicine and Legislation.

Maryland

Bill Introduced.—H. 94, proposes to authorize the use in court of chemical tests of a person's blood, breath, urine, or other bodily substances to determine whether he was operating a motor vehicle while under the influence of an intoxicating liquor. If the test shows that there was 0.15% or more by weight of alcohol in defendant's blood, it shall be presumed that the defendant was under the influence of intoxicating liquor.

Massachusetts

Bills Introduced.—H. 1674, to amend the law relating to motor vehicles, proposes that if the evidence shows that at the time of operating a motor vehicle a person had 0.15% by weight of alcohol in his blood it shall be prima facie evidence that he was under the influence of intoxicating liquor. H. 2620, proposes general amendments to the law relating to the licensing and examining of practical nurses and registered nurses. A practical nurse is defined in the proposal as a person who has been trained to care for selected convalescent, subacutely and chronically ill patients and to assist the registered nurse in a team relationship especially in the care of those more acutely ill. She will work only under the direct orders of a registered physician or the supervision of a registered nurse.

Bill Enacted.—H. 2495, has become Ch. 232 of the Laws of 1954. It provides that in any proceeding to determine the question of paternity the court, on motion of the defendant, shall order the mother, her child, and the defendant to submit to one or more blood grouping tests to be made by a duly qualified physician or other duly qualified person designated by the court, to determine whether the defendant can be excluded as being the father of the child. The results of such tests shall be admissible in evidence only in cases where definite exclusion of the defendant has been established. If one of the parties shall refuse to comply with the order of the court relative to such tests, such fact shall be admissible in evidence unless the court orders otherwise.

Michigan

Bills Introduced.—S.C.Res. 45, proposes the creation of a special committee to study the problems pertaining to narcotic addicts. S. 1076, proposes to authorize a county social welfare board to supervise and be responsible for the operation of a county medical care facility for aged persons. Medical treatment and nursing care shall consist of those services given to persons who are suffering from prolonged illness, defect, infirmity, or senility or who may be recovering from injury or disease. Such services would include any or all of the procedures commonly employed, such as physical examination, diagnosis, minor surgical treatment, administration of medicines, provision of special diets, giving of bedside care, and the carrying out of any required treatment prescribed by a duly licensed physician and within the ability of the facility. S. 1282, to amend the law relating to the code of criminal procedure, proposes that in any criminal prosecution where a person shall have given his consent to a chemical test of his blood or saliva for the purpose of determining the alcoholic content of his blood, the amount of alcohol in such person's blood at the time alleged shown by such chemical analysis shall give rise to certain presumptions depending upon the percentage of alcohol in his blood. If the percentage is 0.15 or more by weight it shall be presumed that the defendant is under the influence of intoxicating liquor.

Mississippi

Bills Introduced.—H. 480, proposes to prohibit the issuance of a driver's license to any person who has not given his written consent to a chemical test of his blood, breath, urine, or saliva for the purpose of determining the alcoholic content of his blood, provided that such test is administered at the direction of a police officer having reasonable grounds to suspect such person of driving while under the influence of intoxicating liquor. If the person refuses to submit to the chemical test, a test shall not be given but the commissioner may revoke his driver's license. H. 481, proposes to make it unlawful to operate a motor vehicle while under the influence of narcotic drugs, marijuana, barbiturates, intoxicating liquor, or any proprietary or patent medicine which will produce intoxication. The proposal would provide that certain percentage contents of the defendant's blood would give rise to certain presumptions. If the alcoholic content of the defendant's blood is 0.15% or more by weight, it will be presumed that the defendant was under the influence of liquor. H. 517, to amend the law relating to community hospitals, proposes to authorize the board of trustees of such hospitals to take liability insurance on the operation of the hospital and proposes that if such insurance is in effect the hospital may be sued by anyone affected to the extent of such insurance carried. Immunity from suit, however, would be waived only to the extent of the liability insurance carried. S. 1691, proposes that the law relating to hospitals and nursing homes shall also apply to diagnostic or treatment centers, rehabilitation facilities, and related facilities.

Rhode Island

Bill Introduced.—H. 723, proposes to authorize the use of chemical tests for intoxication and proposes that any person who operates a motor vehicle in the state shall be deemed to have given his consent to a chemical test. If the person refuses to submit, the police officer shall certify such fact to the registry of motor vehicles, which shall revoke the person's driver's license.

Texas

Bill Introduced.—H. 78-X, to amend the law relating to narcotic drugs, proposes, among other things, to define the term "licensed physician" as any person duly licensed and whose license is current in all respects as issued by the Texas State Board of Medical Examiners or the State Board of Chiropody Examiners.

MEDICAL NEWS

ARIZONA

State Medical Meeting in Chandler.—The Arizona Medical Association will hold its annual meeting at the San Marcos Hotel in Chandler, April 25-28. The presidential address will be delivered by Dr. Oscar W. Thoeny, Phoenix, Monday morning. A number of symposiums have been scheduled, including "Hemolytic Disease of the Newborn (Erythroblastosis Fetalis)," "Diseases of the Pancreas with Particular Reference to Diagnosis and Treatment," "The Early Recognition and Treatment of Congenital and Acquired Orthopaedic Conditions of the Hip," "Recent Advances in the Medical, Radiological, and Surgical Aspects of the Adrenal Gland," and "Carcinoma of the Female Genitalia and the Lower Bowel." Each morning and afternoon program will be followed by a question and answer period, and will terminate with a press conference. Guest orators include: Drs. John M. Sheldon, Ann Arbor, Mich.; John L. Sims, William P. Young, and Lester W. Paul, Madison, Wis.; Paul H. Lorhan, Kansas City, Kan.; Robert S. Pollack, Bernard M. Stone, Francis S. Greenspan, and Francis T. Hodges, San Francisco; Gerald L. Crenshaw and Harold G. Trimble, Oakland, Calif.; and Wallace H. Cole, St. Paul, Minn. Wednesday afternoon the Arizona Society for Crippled Children will present a program on hearing conservation, which will be open to the public. The annual handicap golf tournament (stag) will be held at the San Marcos Hotel, Sunday, 1 p. m. A social hour (6 p. m.), reception, and buffet supper will follow. The president's dinner dance ($7 per person) will be preceded by a reception at 6 p. m. Wednesday. On this occasion the 1954 members of the Fifty Year Club (Drs. Edward W. Adamson, Douglas; Morris D. Cohen, Tucson; and Emile C. Houle, Nogales) will be honored. The Woman's Auxiliary to the Arizona Medical Association will meet simultaneously.

CALIFORNIA

County Society Sponsors Scout Lodge.—The San Bernardino County Medical Society is sponsoring the new Health Lodge at Camp Arataba, mountain home of Arrowhead Area Council, Boy Scouts of America, at Barton Flats, which was first established 25 years ago for a scout population of 670 boys. The council's boy membership now exceeds 4,000. A feature of the new $112,000 camp will be the "Health Lodge," which will house needed medical facilities and provide living quarters for a resident physician and his family. It is hoped that relays of physicians can be arranged so that a member of the medical society can be in camp each week during the summer camping period. Physicians are asked to make contributions to the funds that the San Bernardino County Medical Society will turn over to Arrowhead Area Council for construction of the $8,000 Health Lodge.

University News.—An initial gift of $200,000 to complete the fourth floor of the Medical Research Building of the University of Southern California School of Medicine, Los Angeles (2025 Zonal Ave., across from the Los Angeles County Hospital), has been made by the Hollywood Turf Club Associated Charities, Inc. The money will be used to construct laboratories that will form a cardiovascular research center.——Andrew T. Rasmussen, Ph.D., who retired in 1952 from the University of Minnesota School of Medicine, Minneapolis, where he had taught for 36 years, has been named a member of the faculty of the University of Southern California School of Medicine, Los Angeles, where he will teach a course in neuroanatomy. Two of Dr. Rasmussen's sons are physicians: Dr. Theodore B. Rasmussen, chief, department of neurosurgery, University of Chicago, and Dr. Waldemar C. Rasmussen, instructor in neurology, Mayo Foundation, Rochester, Minn. His daughter is the wife of Dr. Walter L. Roberts of Los Angeles.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education and public health. Programs should be received at least three weeks before the date of meeting.

COLORADO

Ophthalmologists Meet in Denver.—A postgraduate course and the summer convention of the Colorado Ophthalmological Society will be held at the University of Colorado Medical Center, Denver, July 26-29. The program will consist of lectures, seminars, and demonstrations of interest to both the specialist and the practitioner caring for eye diseases. Registration will be open to all members of the society and qualified physicians on a limited membership basis. Tuition is $40. Details may be obtained from Director of Graduate and Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. Ninth Ave., Denver 20.

Personal.—Dr. John D. Gillaspie was recently elected to a second term as mayor of Boulder by the city council.——Dr. Kenneth D. A. Allen, Denver, has been named to a four year term on the board of chancellors of the American College of Radiology.——At the annual Collier Ford Martin Oration meeting in Philadelphia, Jan. 8, Dr. Edward J. Lowell Jr., Denver, received the certificate of merit from the Philadelphia Proctologic Society and the S. Lewis Rubinsohn award of $100 for his paper "Villous Papillomas of the Colon and Rectum," which was considered the best presentation by a resident in proctology before the Philadelphia Proctologic Society in 1953. ——Dr. J. William Wells, who has retired as mayor of Brighton after having served for 18 of the past 20 years, was honored at a testimonial dinner in January. Dr. Wells is also a member of the Colorado House of Representatives.——Dr. Ella A. Mead, Greeley, recently resigned as assistant director of the Weld County Health Department after nearly 50 years of service in public health, in addition to her private practice.

CONNECTICUT

Dr. Perlstein to Conduct Cerebral Palsy Program.—Dr. Meyer A. Perlstein, Chicago, will present an all-day clinical program on cerebral palsy at The Newington Home and Hospital for Crippled Children, April 27. Members of the medical profession are invited.

Silliman Lectures.—Dr. Ragnar A. Granit, director of the neurophysiological department, Nobel Institute of Medicine, Stockholm, is to give the Silliman lectures for 1954 at Yale University, New Haven, at 4:30 p. m., April 29 and 30 and May 3, 4, 5, 6, and 7, under the general title, "Receptors and Sensory Perception." The lectures will be open to all those interested in neurophysiology, psychology, psychiatry, and related fields. This Silliman series will mark the 50th anniversary of those on the integrative action of the nervous system given in the spring of 1904 by Sir Charles Sherrington.

State Medical Society Meeting in Hartford.—The annual meeting of the Connecticut State Medical Society will be held in the Bulkeley High School, Hartford, April 27-29 under the presidency of Dr. George H. Gildersleeve, Norwich. Presentations by out-of-state speakers include:

Medical Management of Hypertension, Henry A. Schroeder, St. Louis.
Diagnostic Approach to Diseases of the Lungs, Edward J. Welch, Boston.
No Anatomic Cause of Death—The Enigma of the Forensic Pathologist, Lester Adelson, Cleveland.
Radioactive Isotopes: Present Uses and Some Future Possibilities in Clinical Medicine, Lee E. Farr, Upton, N. Y.
Haemorrhage, a Foremost Problem in Obstetrics, Duncan E. Reid, Boston.
Toward Safer Blood Transfusion, Alan Richardson Jones, Boston.
Treatment of Acute Renal Failure, Roy C. Swan Jr., New York.
Management of Recurrent Intestinal Obstruction, Victor P. Satinsky, Philadelphia.
Surgical Treatment of Certain Vascular Lesions, Gerald H. Pratt, New York.
Resuscitation of the Acutely Arrested Heart, Hugh E. Stephenson Jr., Columbia, Mo.
Surgical Treatment of Coronary Insufficiency, Arthur M. Vineburg, Montreal, Canada.
Reconstructive Surgery of the Face, Richard H. Walden, New York.
The Contribution of the Oral Surgeon, Daniel J. Holland, D.M.D., Boston.

The Hartford Hospital has arranged a historical and clinical meeting commemorative of its founding in 1854, followed by a clinical, pathological conference Wednesday afternoon. At 2:30 p. m., Dr. Rudolf L. Baer, New York, will discuss "Common Errors in the Management of Allergic Dermatoses" before the Connecticut Allergy Society. At 3:30 p. m. the section on gastroenterology will have a panel discussion on dysphagia and heartburn, with Dr. Sydney Selesnick, West Haven, as moderator, and Drs. Franz J. Ingelfinger, Boston, Moses Paulson, Baltimore, and Albert S. Lyons, New York, as collaborators. At a joint meeting Wednesday, 3:30 p. m., the Connecticut Society of Pathologists and the Connecticut Association of Medical Examiners will hear Dr. Lester Adelson, Cleveland, discuss "Postmortem Investigation of Sudden Death." The annual dinner of the society will be held Wednesday, 7 p. m., at the Hartford Club (46 Prospect St.). Fifty year membership awards will be presented to Drs. Harold S. Backus and William H. Van Strander, Hartford; Dr. Orin R. Witter, West Hartford; and Dr. Robert J. Lynch, Bridgeport. On Thursday there will be a symposium on biliary tract disease, arranged by the Connecticut Society of American Board Surgeons, at 2 p. m., and a round-table discussion at 3:45 p. m. A symposium on diabetes will be presented Thursday afternoon. Motion picture presentations include "Oral Cancer: The Problem of Early Diagnosis" (courtesy of the Connecticut division, American Cancer Society); "Anatomy of the Male Perineum" by Dr. R. Theodore Bergman, Los Angeles; and a presentation on perineal prostatectomy by Dr. Elmer Belt, Los Angeles. The Connecticut Physicians' Art Association will hold its annual exhibit in rooms 141-142 during the sessions.

DISTRICT OF COLUMBIA

Symposium on Venereal Diseases.—The sixth annual Symposium on Recent Advances in the Study of Venereal Diseases, which will be held in the auditorium of the Department of Health, Education, and Welfare, Washington, D. C., April 29-30, is open to all physicians and workers in allied professions. The topics for discussion include basic and clinical research, serology, epidemiology, treatment, program operation, and professional education.

Personal.—The appointment of Dr. Wallace M. Yater, Washington, D. C., to the National Advisory Health Council, has been announced by the surgeon general of the U. S. Public Health Service.——Dr. Willy E. A. A. Baensch, professor of roentgenology, Georgetown University School of Medicine, Washington, D. C., has been elected an honorary member of the German Society of Roentgenologists.——Dr. Oscar B. Hunter Jr., director of the Hunter Memorial Laboratory at Doctors Hospital, has been elected president of the Georgetown University Alumni Club.——Dr. Benjamin Newhouse, chief, medical staff, Hebrew Home for the Aged, was recently honored for his many years of service, when a parchment scroll was presented to him at a reception given at the home. Dr. Newhouse has been a member of the Medical Society for the District of Columbia since 1913.

FLORIDA

Cardiovascular Seminar.—The third biennial cardiovascular seminar will be presented April 29 to May 1 at the Delano Hotel, Miami Beach, under the sponsorship of the Florida State Board of Health, the Heart Association of Greater Miami, and the Florida Heart Association. Speakers include Drs. George A. Perera, Gene H. Stollerman, Edward E. Fischel, Charles T. Dotter, and Charles A. Poindexter, New York; Dr. Arthur C. Corcoran and Robert S. Alexander, Ph.D., Cleveland; Dr. Osler A. Abbott, Emory University, Ga.; Drs. E. Cowles Andrus and William R. Scarborough, Baltimore; Dr. Paul R. Lurie, New Haven, Conn.; and Dr. James Watt, Bethesda, Md.

State Medical Meeting in Hollywood.—The Florida Medical Association will hold its annual meeting at the Hollywood Beach Hotel, April 26-28, under the presidency of Dr. Frederick K. Herpel, Palm Beach. Tuesday at 11:30 a. m., Dr. Wilburt C. Davison, dean and professor of pediatrics, Duke University School of Medicine, Durham, N. C., guest speaker, will deliver the address, "Changes in Medical Education and Patient Care." Dr. Eric E. Wollaeger, Mayo Clinic, Rochester, Minn., will serve as moderator for the symposium "The Differential Diagnosis of Jaundice" Tuesday, 2:30-5:15 p. m., in which Dr. Chester C. Guy, chief surgeon, Illinois Central Railroad, Chicago, will present "Vagotomy and Gastroenterostomy for Duodenal Ulcer." Other presentations by out-of-state speakers include:

George A. Bennett, Philadelphia, Recent Trends in Medical Education.
Malcolm B. Dockerty, Rochester, Minn., Functioning Ovarian Tumors.
Walter L. Thomas, Durham, N. C., Pelvic Operations—The Preferred Vaginal Approach.

The Florida chapter of the American College of Chest Physicians, which will meet at the Hollywood Beach Hotel April 25, will have as guest speaker Dr. Alvis E. Greer, Houston, Texas, president, American College of Chest Physicians, who will present "A Discussion of Certain Preliminary Aspects of Pulmonary Mycotic Disease." Dr. J. Lester Wilkey, Chicago, will discuss "Genitourinary Problems and the General Practitioner" before the meeting of the Florida Academy of General Practice at 8 p. m. The Florida Society of Ophthalmology and Otolaryngology, meeting the same day, will hear "The Management of Intraocular Foreign Bodies" by Dr. Harvey E. Thorpe, Pittsburgh, and "Esophageal Odds and Ends" by Dr. Francis E. LeJeune, New Orleans. Dr. A. Ashley Weech, Cincinnati, will have as his topic "Pediatrician Looks at the Behavior Problems of Children" when he presents the afternoon program for the Florida Pediatric Society Sunday and "Paving the Way for Accepting the Inevitable" when he speaks at 8 p. m. Dr. George T. Pack, New York, will give a paper on surgical treatment of hepatic tumors before the Florida chapter of the American College of Surgeons, Sunday, 10 a. m.

ILLINOIS

Meetings on Tuberculosis.—The annual meetings of the Illinois Tuberculosis Association and Illinois Trudeau Society will be held April 29-30 at the Pere Marquette Hotel, Peoria. Keynote speaker will be Mr. Mark Harrington, Denver, president of the National Tuberculosis Association, who will present "Keeping Pace with Changing TB Problems" Thursday morning, after which Dr. Arthur S. Webb, Glen Ellyn, will moderate a panel of citizens ("Has the General Public Kept Pace with the Changing TB Problem?"). Legislation in tuberculosis control will also be headlined at a general session on Thursday, when a panel of physicians and lawyers will discuss "Keeping Pace with Legal and Legislative Problems in the Changing TB Problem." Dr. Frank E. Coburn, State University of Iowa College of Medicine, Iowa City, will be the annual banquet speaker Thursday. A combined meeting of the ITA and Illinois Trudeau Society on Friday will feature "Follow-Up on Positive Survey Films, TB, Cancer, Etc." and "Keeping Pace with Rehabilitation and the Changing TB Problem." Participants on the former will be Drs. John H. Skavlem, medical director of Dunham Hospital, Cincinnati, and David F. Loewen, medical director, Macon County Tuberculosis Sanatorium, Decatur. Dr. Jesse A. Stocker, Springfield, and Dr. David B. Radner, Winfield, will participate in the latter. During the Friday afternoon session of the Trudeau society, "Keeping Pace with Present Trends in TB Therapy" will be discussed by Drs. Hiram T. Langston, Chicago; John S. Harter, Louisville, Ky., and Meyer R. Lichtenstein, Chicago. Dr. Langston will serve as moderator for an x-ray conference "Roentgenological Problems in Diseases of the Chest." Dr. Raymond H. Runde, Peoria, will participate Friday in the ITA session considering the question "Is Patient and Family Education Keeping Pace with the Changing TB Problem?" Persons interested in tuberculosis control are invited.

Chicago

Study of Muscular Dystrophy.—Muscular Dystrophy Associations of America has approved a grant totaling $28,102.75 to the University of Illinois College of Medicine for research into the cause and cure of muscular dystrophy. The grant was made possible through the more than $3,350,000 raised by U. S. letter carriers in their voluntary march throughout the nation to gather funds to fight the disease. Under direction of Dr. Ralph W. Gerard, professor of neurophysiology, the project includes studies of metabolism and the membrane potential of skeletal muscle fibers and relation to function.

Dr. Bucy to Lecture in South America.—Dr. Paul C. Bucy, professor of neurology and neurological surgery, University of Illinois College of Medicine, left March 10 for a three month visit to South America, where he will attend the neurosurgical institutes at Santiago, Chile, and at Morot Alegre, Brazil. He will be the visiting director at the neurological institute to be held by the University of Uruguay at Montevideo. During April and May he will serve as visiting professor of neurological surgery at the University of Minas Gerais in Brazil and will hold conferences at the neurological institute of the University of Brazil in Rio de Janeiro and at the neurological institute in São Paulo.

Personal.—At a banquet in Port-au-Prince, Haiti, Feb. 19, sponsored by the Ministry of Public Health, the Haitian Medical Association, and the Haitian chapter of the International College of Surgeons, Dr. Ulysses G. Dailey was decorated with the Order of Merit, Grade of Officer, by the minister of public health, and was made an honorary diplomat of the Haitian Medical Society. On the preceding day Dr. Dailey gave the lecture "The Diagnosis of Thyrotoxicosis" at the University of Haiti, Port-au-Prince.——Dr. Robert L. Grissom, who has served on the staffs of Presbyterian and Research and Educational hospitals, recently has been named a full-time associate professor in the department of internal medicine at the University of Nebraska College of Medicine, Omaha.——Dr. Meyer Solomon recently presented "Psychophysiological Inter-relationships—Basic Problems" at a joint meeting of the Illinois Society for Personality Study and the Psychology Club of Chicago. Discussion by Dr. Percival Bailey (neurophysiology), George K. Yacorzynski, Ph.D. (psychology), Dr. James G. Miller (psychiatry), Chester W. Darrow, Ph.D. (psychophysiology), and Anton J. Carlson, Ph.D. (physiology) followed.

INDIANA

University News.—The Indiana University School of Medicine, Indianapolis, recently conferred emeritus status on Dr. William F. Molt, associate professor of bronchoesophagology. ——Dr. Philip Taylor White, who recently served as first assistant in neurology at the Mayo Clinic, Rochester, Minn., has been appointed assistant professor of neurology at the Indiana University School of Medicine, Indianapolis.

Legal Aspects of Hospital Administration.—An institute on the legal aspects of hospital administration was conducted April 8-9 at Indiana University Medical Center, Indianapolis, under the sponsorship of the Indiana Hospital Association, with the cooperation of the Indiana State Bar Association and the medical center. Charles U. Letourneau, M.D., LL.D., Chicago, secretary of the council on professional practice, American Hospital Association, participated in panel discussions Thursday on legal responsibilities of a hospital board of trustees and legal responsibility of the hospital for the care and treatment of patients. Panels on workmen's compensation and liability and insurance coverage were presented Friday.

Good Government Award.—Dr. Leroy E. Burney, secretary and commissioner of the Indiana State Board of Health, Indianapolis, since 1945, has received from the Indiana State Junior Chamber of Commerce its Good Government award, presented annually to the governmental official deemed to have conducted the responsibilities of his office in a manner most compatible with the best administrative practices. Dr. Burney, who has been affiliated with the U. S. Public Health Service since 1932, established the first mobile venereal disease clinic service, Brunswick, Ga., in 1937. He served as assistant chief, division of state relations, U. S. P. H. S., Washington, D. C., 1944-1945, and as director of district 4, U. S. P. H. S., New Orleans, 1945. Dr. Burney is associate professor of public health at the Indiana University School of Medicine, with which he has been affiliated since 1945.

IOWA

State Medical Society Meeting in Des Moines.—The Iowa State Medical Society will hold its annual meeting April 25-28 at the Hotel Fort Des Moines in Des Moines. The address of the president, Dr. Robert N. Larimer, Sioux City, at 9:15 a. m. Monday, will be followed by that of Dr. Gerald V. Caughlan, Council Bluffs, president-elect. At 10 a. m. Dr. Owen H. Wangensteen, Minneapolis, will deliver the Erskine memorial lecture, "The Extended Operation for Cancer with Particular Reference to Cancer of the Alimentary Tract," followed by presentation of "The Unsteady Child" by Dr. Douglas N. Buchanan, Chicago, and "Current Trends in the Treatment of Peptic Ulcer" by Dr. Joseph B. Kirsner, Chicago. At 11:10 a. m. Tuesday, Dr. Walter B. Martin, Norfolk, Va., President-Elect, American Medical Association, will deliver an address. Other out-of-state speakers and their first presentations include:

James T. Priestley, Rochester, Minn., Surgical Lesions of the Adrenal Glands.
George J. Thomas, Pittsburgh, Fire and Explosion Hazards in Hospitals and Their Control.
Howard P. Rome, Rochester, Minn., The Difficult Patient.
Henry R. McCarroll, St. Louis, Management of Common Fractures of the Extremities.
Edwin R. Levine, Chicago, Chest Disease in Office Practice.
Karl H. Pfuetze, Glen Ellyn, Ill., Role of the Family Physician in Treatment of Tuberculosis.
Floyd S. Markham, Ph.D., Pearl River, N. Y., Problems and Prospects in Virus Immunization.
Willis E. Brown, Little Rock, Ark., Use of Endocrines in Management of Obstetrical Complications.

The eye, ear, nose and throat section on Monday, 2 p. m., will hear Dr. Justin M. Donegan, Chicago, on simplifying techniques in avoiding and treatment of complications in cataract extractions. At 4:40 p. m. Monday Dr. Howard M. Odel, Rochester, Minn., will present "Basic Considerations in the Treatment of Renal Disease" before the medical section. Drs. Albert W. Diddle, Knoxville, Tenn., and Willis E. Brown, Little Rock, Ark., will participate in a symposium on obstetrical hemorrhage that will be presented for the obstetric section Tuesday afternoon.

KENTUCKY

District Meetings.—On April 7 the 14th Councilor District met at the Prestonsburg Graded School Auditorium, where during the afternoon session Dr. John B. Larson, Louisville, presented "Infant Feeding in the Prevention and Treatment of Disease" and Dr. Robert C. Long, Louisville, a paper on office gynecology —diagnosis and treatment. Dr. J. Duffy Hancock, Louisville, president, Kentucky State Medical Association, discussed "Opportunities for Service" at the dinner meeting in the Prestonsburg school cafeteria. Dr. Foster D. Coleman, Louisville, had as his topic "Diagnosis and Management of Diabetes Mellitus."—— On April 8 the 13th Councilor District sponsored a symposium "Diseases of the Chest," by the staff of District Four State Tuberculosis Hospital, Ashland, under the supervision of Dr. W. Duane Jones, who opened the morning session with "Chemotherapy of Pulmonary Tuberculosis." Drs. Robert J. Dancey, Madisonville, and Nathan Levene, Louisville, presented "Diagnosis of Chronic Diseases of the Lung" and "Segmental Resection in Thoracic Surgery," respectively. At the afternoon session at the Henry Clay Hotel, Ashland, Dr. George W. Pedigo, Louisville, discussed "Management of Coronary Occlusion." Dr. Rudolf J. Noer, Louisville, spoke on intestinal obstruction, and Dr. R. Arnold Griswold, Louisville, on trauma of the hand.

MARYLAND

Baltimore Ordinance Prohibits Tattooing.—The city of Baltimore has enacted ordinances restricting and regulating the practice of tattooing in the city. According to Baltimore *Health News,* the action resulted "from a small series of cases of serum hepatitis in Armed Service personnel that had followed tattooing in the city." The new regulations prohibit tattooing of persons under age 18 or tattooing others, under 21, without written permission of parents or guardians.

Dr. Alton Meister Receives Cancer Award.—Dr. Alton Meister, head of clinical biochemical research in the National Cancer Institute, Bethesda, received an award in enzyme chemistry at Kansas City, Mo., consisting of a gold medal and $1,000. The award was established in 1946 by the Paul-Lewis Laboratories, Inc., of Milwaukee, to stimulate research on enzymes by young American graduates. Dr. Meister joined the staff of the National

Institutes of Health in 1946. His research has shed light on the biochemical processes that occur in normal tissue and in cancerous tissue and has "broadened and deepened the knowledge" of chemical reactions within body cells, particularly involving keto acids and glutamine.

State Medical Meeting in Baltimore.—The 156th annual meeting of the Medical and Chirurgical Faculty of the State of Maryland, April 26-28, will open with the Medical and Chirurgical Faculty ball Monday, 9 p. m. On Tuesday a psychiatric panel, 10 a. m., will follow the showing of the motion pictures "Experimental Congenital Orthopedic Defects" and "Treatment of Long Standing Cervical Disc Protrusions with Section of Dentate Ligaments." Tuesday at 3 p. m. there will be a chemotherapy panel. Dr. Bender B. Kneisley, Hagerstown, will deliver the presidential address "Our Relations with the Public" Tuesday, 8 p. m., in Osler Hall, after which Dr. Paul Dudley White, clinical professor of medicine, Harvard Medical School, Boston, will present the John M. T. Finney Fund lecture, "Clues in Cardiovascular Diagnosis and Treatment." Wednesday morning a motion picture on intracardiac surgery will precede the following cancer panel, for which Dr. John R. Heller Jr., Bethesda, Md., will serve as moderator:

Cancer Control in the United States, Raymond P. Kaiser, Bethesda, Md.
Recent Trends in Therapeutic Radiology, Walter T. Murphy, Buffalo.
Certain Advances in Cancer Research, Stanley P. Reimann, Philadelphia.

Round-table luncheon, 12:30 p. m. at the Sheraton Belvedere Hotel, will be followed by a clinical, pathological conference by the staff of the University of Maryland School of Medicine (illustrated), which will be held at Osler Hall. At 3 p. m. Dr. J. Sheldon Eastland, associate professor of medicine, University of Maryland School of Medicine, Baltimore, will be moderator for a diabetes panel (illustrated), in which Dr. Joseph T. Beardwood Jr., Philadelphia, will speak on diabetic acidosis and Dr. Garfield G. Duncan, Philadelphia, on insulin therapy for diabetes. Buffet supper will be served Wednesday, 6:30-7:30 p. m. (cover charge $5 per person). At 8 p. m. Dr. Richard A. Kern, professor of medicine, Temple University School of Medicine, Philadelphia, will deliver the I. Ridgeway Trimble Fund lecture, "Our Growing Responsibilities to the Aged in Our Midst."

MASSACHUSETTS

Pratt Lecture by Dr. Amberson.—The annual Joseph H. Pratt lecture of the New England Center Hospital, Boston, will be given by Dr. J. Burns Amberson Jr., visiting physician-in-charge of the chest service, Bellevue Hospital Center, and professor of medicine, Columbia University College of Physicians and Surgeons, New York. Dr. Amberson will discuss "Some Experiences in the Treatment of Tuberculosis" April 28, 7 p. m., in the Stearns Auditorium of the New England Center Hospital. All interested persons are invited.

Wilinsky Lectureship.—Harvard University announces the establishment at its School of Public Health, Boston, of the Charles F. Wilinsky lecture fund in honor of the retired executive director of the Beth Israel Hospital, former deputy health commissioner of Boston. Given by Dr. Wilinsky's children and grandchildren, the fund will be used to bring to the school the nation's leading hospital administrators to discuss the role of the hospital in public health. Brig. Gen. James Simmons, U. S. Army, retired, dean of the School of Public Health, accepted the fund. On invitation, Dr. Wilinsky will give the first Wilinsky lecture, "The Relation of Hospitals and Health Departments in Tomorrow's World," on April 28. In 1916, Dr. Wilinsky organized Boston's first health center and later was the prime mover behind the establishment of the rest of Boston's 19 area health units. He has received both the Shattuck award and the Boston City Club's gold medal "for distinguished service to the City of Boston."

MICHIGAN

McClure Memorial Lecture.—On April 30, 8:15 p. m., Dr. Alfred Blalock, surgeon-in-chief, Johns Hopkins Hospital, Baltimore, will deliver the Roy D. McClure memorial lecture, "The Expanding Scope of Cardiovascular Surgery," at the Henry Ford Hospital auditorium, Detroit.

University Confers Honorary Degrees.—At commencement exercises Feb. 2 in Detroit, Wayne University bestowed the honorary degree, doctor of laws, on Dr. Harry M. Nelson, chief of the tumor clinic, Woman's Hospital, Detroit, and a past president of the American Cancer Society. Dr. Nelson is chairman-elect of the Michigan state cancer coordinating committee, a member of the executive committee of the Detroit Institute of Cancer Research, attending surgeon, Detroit Receiving Hospital, and a member of the faculty of the Wayne University College of Medicine since 1936. The citation accompanying the degree reads, in part: "In all of his activities he has given a vigorous leadership, an enlightened and abiding concern for the health and well-being of people. As a renowned figure in present-day medical research, he has been the inspiration of countless young practitioners." The honorary doctor of laws degree was conferred also on Dr. Clark D. Brooks, senior surgeon on the consulting staff of Harper Hospital, Detroit. Dr. Brooks, formerly a member of the Detroit board of education, served on the faculty of Wayne University College of Medicine for many years. He is consulting surgeon at the City of Detroit Receiving Hospital and Highland Park General Hospital. His citation reads, in part: "Respected throughout his profession as a diagnostician and surgeon of remarkable skill, noted for his integrity, he has brought healing and courage to generations of Detroiters. . . . Today Wayne University is stronger and of larger service to this community as a result of his friendly counsel and earnest support."

NEW YORK

Isotope Symposium.—This symposium will be held in the auditorium of the Triboro Hospital, Jamaica, Queens Hospital Center, April 30, 8:30 p. m., and will include the following presentations by New York City speakers:

Physical Fundamentals of Radioisotopes, S. Allan Lough, Ph.D.
Radioactive Iodine in the Diagnosis of Thyroid Diseases, Solomon Silver.
Treatment of Hyperthyroidism with Radioactive Iodine, Frank J. Borrelli.
Use of Radioactive Gold in Peritoneal and Pleural Effusions from Malignant Disease, Sidney Rubenfeld.

Questions and discussion from the floor will follow each paper.

Health Education Conference.—The Eastern States Health Education Conference of the New York Academy of Medicine will be held at the academy, April 29-30. The subject of the conference will be "Communication in Health Education." A workshop session will be held and the concepts of communication will be applied to and tested in current health education materials and procedures. Participation in the conference is limited. Those interested should address themselves to Dr. Iago Galdston, New York Academy of Medicine, 2 E. 103rd St., New York 29.

Scholarships for Trudeau School.—The Brooklyn Tuberculosis and Health Association offers two scholarships for Brooklyn physicians at the Trudeau School of Tuberculosis, June 1-25. Each scholarship includes tuition, Pullman transportation, and $200 for room and board at Saranac Lake for four weeks. Application forms and copy of the course schedule may be secured from the Brooklyn Tuberculosis and Health Association, 285-293 Schermerhorn St., Room 303, phone MAin 4-8531. The scholarship committee consists of Drs. Maurice J. Dattelbaum, chairman, Jean A. Curran, Harvey B. Matthews, and Joseph E. Milgram, all of Brooklyn.

Nassau County Cancer Courses.—The Nassau County Medical Society will present Dr. Emerson Day, director, Strang Cancer Prevention Clinic, Memorial Center for Cancer and Allied Diseases, New York City, who will discuss "Diagnosis of Cancer in the Doctor's Office" at Meadowbrook Hospital May 3, 3-5 p. m. On May 10 at the same time and place Dr. William G. Cahan, assistant attending surgeon, Thoracic Surgical Service, Memorial Center for Cancer and Allied Diseases, New York City, will discuss "Carcinoma of the Lung—Means for Its Early Detection." These lectures are part of the society's postgraduate course. Registration should be made through the society.

New York City

Harvey Lecture.—Dr. Linus C. Pauling, director, Gates and Crellin Laboratories of Chemistry, California Institute of Technology, Pasadena, will deliver the eighth Harvey lecture of the 1953-1954 series at the New York Academy of Medicine, April 29, 8:30 p. m. His topic will be "Abnormality of Hemoglobin Molecules in Hereditary Hemolytic Anemias."

State University Alumni Day.—The annual Alumni Day of the State University of New York College of Medicine at New York City will take place May 1. A scientific session at Polhemus Clinical Hall in the morning will be followed by the annual business meeting. Luncheon will be served in the Nurses' Dining Room at the Long Island College Hospital. In the evening there will be a dinner dance for the benefit of the Research, Scholarship, and Student Loan Fund, at the Hotel Granada, 268 Ashland Pl., Brooklyn, at 7 p. m.

Pediatric Service Offers Cancer Course.—The pediatric service of the Memorial Center for Cancer and Allied Diseases announces a comprehensive course, April 28-30, for pediatricians, general practitioners, and health officers. Current developments and established methods in diagnosis, differential diagnosis, and management of benign and malignant tumors, Hodgkin's disease, leukemia, and reticuloendothelioses in childhood are included. The course will offer demonstrations; examinations of children in pediatric, surgical, chemotherapy, and radiotherapy clinics; ward rounds; and seminars, under the direction of the staffs of Memorial hospital and Sloan-Kettering Institute for Cancer Research. The fee is $35. For information address the Director, Pediatric Service, Memorial Center, 444 E. 68th St.

Personal.—Dr. Louis R. Slattery has been promoted to associate professor of surgery at the Post-Graduate Medical School of the New York University-Bellevue Medical Center.——Dr. Paul C. Morton has resigned as chairman of the New York City Medical Advisory Committee to Selective Service. He will be succeeded by Dr. Frank J. McGowan.——Dr. Louis F. Bishop, assistant professor of clinical medicine, Post-Graduate Medical School of the New York University-Bellevue Medical Center, recently presented "Complications of Myocardial Infarction" before the members of the New London Heart Association at New London, Conn.——Dr. Emery A. Rovenstine, professor of clinical anesthesiology, Post-Graduate Medical School of the New York University-Bellevue Medical Center, left Jan. 15 for a lecture tour, during which he will discuss modern methods of anesthesiology at medical colleges in Rome, Naples, Milan, Turin, and Florence, Italy.——Dr. W. Kenneth Lane of the Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, is attending a symposium on the adaptation of the child with infirmities in Paris, France. After the symposium, which he is scheduled to address on the care of the crippled child, Dr. Lane will visit children's health centers in the Scandinavian countries.——Dr. John Hugh Mulholland, professor of surgery in the New York University College of Medicine, on Jan. 1 was appointed chairman of the surgery study section of the division of research grants, National Institutes of Health, U. S. Public Health Service, for three years.——Dr. W. Lynwood Heaver, adjunct neuropsychiatrist at Lenox Hill Hospital, has been named medical director of the National Hospital for Speech Disorders.——Molly Harrower, Ph.D., clinical psychologist of the city and director of the research program of the court intake project of the Family Relation Court, has accepted appointment as lecturer in clinical psychology at the University of Texas Medical Branch, Galveston, where she will be in residency for several weeks in February and March of each year. She will conduct seminars and demonstrations on how clinical psychologists may cooperate in current medical problems.——Dr. Solomon A. Berson, assistant director, radioisotope unit, Bronx Veterans Administration Hospital, has been appointed consultant to the radioisotope unit of the Jewish Sanitarium and Hospital for Chronic Diseases, Brooklyn. ——Dr. Theodore Rosenthal has been named acting assistant commissioner of the City of New York Department of Health, to replace Dr. Ralph S. Muckenfuss, who is retiring from the department to become scientific director of the Naval Biological Laboratory of the University of California at Oakland. Dr. Anthony A. Bianco has been named acting director of the department's bureau of adult hygiene, which has been headed by Dr. Rosenthal since February 1950.——Dr. Herbert R. Edwards, New York, executive director, New York Tuberculosis and Health Association, addressed the annual meeting of the Puerto Rican Tuberculosis Association in San Juan, April 2-3. He was invited by the president of the association to discuss the Puerto Rican problem in New York City.

OHIO

Lectures in Diagnostic Roentgenology.—On April 24-25 Dr. Richard Schatzki, instructor in radiology, Harvard Medical School, Boston, and chief roentgenologist, Mount Auburn Hospital, Cambridge, Mass., will deliver the 6th annual Joseph Freedman lectures in diagnostic roentgenology at the University of Cincinnati College of Medicine. Radiologists desiring to attend are requested to contact Dr. Benjamin Felson, X-Ray Department, Cincinnati General Hospital, Cincinnati 29.

Law-Medicine Center Established.—In an attempt to improve the administration of justice through more effective use of medical science, Western Reserve University and the office of Dr. Samuel R. Gerber, coroner of Cuyahoga County, have established a training and research center for lawyers, physicians, law enforcement officers, and others involved in protecting the public welfare. In addition to Western Reserve's law school and the county coroner's laboratory, facilities available for the Law-Medicine Center include those of the Western Reserve School of Medicine, Institute of Pathology, science departments, and resources of Case Institute of Technology, all located at University Circle on Cleveland's east side. Two preliminary courses, "Medical Aspects of Civil Litigation" and "Scientific Proof in Criminal Cases," were presented at the school of law during the last year to more than 200 students.

OKLAHOMA

Dr. Don Morris to Address Medical Groups.—Dr. Donald P. Morris, professor of psychiatry and mental health, University of Illinois, Champaign, will be the guest speaker for the Tulsa County Medical Society April 26, 8 p. m., at The Mayo, Tulsa. He will discuss "Effective Methods of Referral to Psychiatrists." Dr. Morris will also speak at the third annual Mental Health Institute, University of Tulsa, April 27, where he will deliver the keynote address at 9:45 a. m. and, during the afternoon session, will discuss "Emotional Blocks to Learning."

Personal.—For distinguished medical service to the people of Ponca City for the past 49 years, Dr. George H. Niemann was presented with a plaque by the president of the Chamber of Commerce during the "Old Settlers" luncheon.——Dr. Ulus E. Nickell, Davenport, was honored by the community on his birthday, when a memorial drinking fountain bearing an inscribed plaque was dedicated in his honor. A picnic was followed by presentation of a watch to Dr. Nickell.——Dr. Charles H. McBurney, Clinton, has donated two vacant lots to the city with the understanding that a new library will be built on the site, with a place for art groups to hold meetings. ——Dill City recently paid tribute to Dr. J. Paul Jones on his 87th birthday. Dr. Jones was presented with a television set in ceremonies at the American Legion Hotel.——Dr. Elizabeth P. Fleming, formerly of Boston, was recently appointed director of the local health unit serving Atoka, Choctaw, and McCurtain counties to succeed Dr. Lillian M. Hoke, who resigned to do postgraduate work. Dr. Fleming went to Germany in 1945 as chief medical officer for a United Nations Relief and Rehabilitation team and served as director of five tuberculosis hospitals for displaced persons. She was later loaned by the U. S. Public Health Service to the Alaska Department of Health, where she worked on a ship giving coastwise service to communities too small to have their own health units.

OREGON

University News.—The University of Oregon Medical School, Portland, announces that the following faculty members recently received appointments or were elected to posts in scientific organizations: Dr. Frank B. Queen, professor of pathology, was made tissue pathologist in the pathology and allied sciences division of the office of the U. S. Surgeon General on a reserve basis, such key specialist reservists being preselected in case of mobilization. Dr. Howard P. Lewis, head of the department of medicine, was named to the newly created board of contributing editors of the *Oregon Journal,* Portland daily newspaper. Dr. Franklin J. Underwood, assistant clinical professor of medicine, was chosen president of the Oregon Heart Association at a meeting of the board of directors in Portland. Dr. David D. DeWeese, clinical professor of otology, was reelected president of the Portland Center of Hearing and Speech. — Karl Eric Hagbarth of the Nobel Institute of Neurophysiology, Stockholm, has received a three month appointment as research assistant at the medical school.

PENNSYLVANIA

Wainwright Tumor Clinic.—The Wainwright Tumor Clinic Association of Pennsylvania will present the following program April 28 at St. Vincent's Hospital, Erie (Maternity Auditorium, 25th St. entrance):

Tumor Clinic Conference, Richard B. Eisenberg, Erie, moderator.
Panel on Tumor Clinics, William K. Clark, Harrisburg, moderator.
Diagnostic Delay in Cancer, John Y. Howson and Robert C. Horn Jr., Philadelphia.
Care of the Cancer Patient in the Home, Martin Cherkasky, New York.
Theoretical Application of Observations on Mammary Cancer in Mice to the Human Problem, John J. Bittner, Ph.D., Minneapolis.

On April 27, 7:30 p. m., the Commission on Cancer of the Medical Society of the State of Pennsylvania will meet at the Erie Club, Sixth and Peach streets, Erie.

Studies on Alcoholism.—The commonwealth of Pennsylvania has granted $31,432 to the University of Pennsylvania, Philadelphia, to initiate in the Philadelphia area a program on problems attendant on alcoholism. The research program is being organized under the direction of Dr. William C. Stadie, chairman, department of research medicine, in the university's school of medicine. Educational programs are to be conducted under the direction of Dr. John P. Hubbard, chairman of the department of public health and preventive medicine. The sum of $14,000 has been set aside for studies in biochemistry, conducted under the direction of Dr. David Seligson. The sum of $14,432 has been earmarked for research in the division of family study of the medical school's department of psychiatry, under the supervision of Emily H. Mudd, Ph.D. The balance has been allotted for the conduct of educational forums in the medical problems of alcoholism, the first of which will be presented free to the general public April 28-29 in the auditorium of University Museum, 33rd and Spruce streets.

Philadelphia

Hospital News.—Dr. Gulden Mackmull has been elected chief of service in the department of medicine, Germantown Dispensary and Hospital.——Dr. Harry Shubin has been appointed chief of service of the department of chest diseases, Philadelphia General Hospital, Northern Division. Dr. Shubin is also chief of service at the Rush Hospital for Consumption and Allied Diseases.

Symposium on Lung Cancer.—Observation of Cancer Day, April 29, under the auspices of the Philadelphia Academy of General Practice and the Cancer Control Committee, Philadelphia County Medical Society, will include presentation at 5 p. m. of "The Evaluation of the Tobacco–Lung Cancer Problem" by Dr. Ernst L. Wynder, Sloane-Kettering Institute for Cancer Research. Cocktails and dinner will precede a symposium on lung cancer, 8-10 p. m., with Dr. W. Edward Chamberlain, professor of radiology, Temple University School of Medicine, Philadelphia, as moderator for the following program:

Radiologic Aspects, Eugene P. Pendergrass, Philadelphia.
Bronchoscopic Aspects, Louis H. Clerf, Philadelphia.
Surgical Considerations, William L. Watson, New York.

Pittsburgh

Society News.—The Pittsburgh Pediatric Society recently elected the following officers: president, Dr. James W. Stirling, Pittsburgh; vice-president, Dr. Robert D. Nix, Sewickley; secretary-treasurer, Dr. Bernard I. Michaels, Pittsburgh.

Dental Health Conference.—The annual Dental Health Conference, sponsored jointly by the School of Dentistry, University of Pittsburgh, and the Odontological Society of Western Pennsylvania, will be held in Mellon Institute April 28, and is open to dentists, physicians, and members of auxiliary groups of both professions. The double theme of the conference is "Dental Care for the Child" and "The Psychiatrist Looks at Dentistry." Dental care for children from the viewpoint of the pediatrician will be discussed by Dr. Warren R. Sisson, Forsyth Dental Infirmary, Boston, and from that of the pedodontist by John C. Brauer, D.D.S., University of North Carolina, Chapel Hill. Dr. Benjamin M. Spock, University of Pittsburgh, will discuss psychiatry and dentistry for children, and Dr. Frederick L. Weniger, University of Pittsburgh, will be the psychiatrist who looks at dentistry for the adult. Panel discussions will follow both sessions.

TENNESSEE

Dr. Sanders Named Department Head.—Dr. Sam H. Sanders Jr., associate professor, department of otology, laryngology, and rhinology, University of Tennessee College of Medicine, Memphis, has been named head of the department to succeed Dr. Charles D. Blassingame, who asked to be relieved of administrative duties but will continue as professor in the department. Dr. Sanders, who has been affiliated with his alma mater, the college of medicine, since 1928, is chairman of the A. M. A. Section on Laryngology, Rhinology, and Otology and was secretary of the section, 1950-1953. In 1952 he was vice-president of the Memphis and Shelby County Medical Society. A past president of the Tennessee Academy of Ophthalmology and Otolaryngology, he was for 8 years secretary of the Tennessee academy and for some 12 years secretary of the Memphis Eye, Ear, Nose and Throat Society.

UTAH

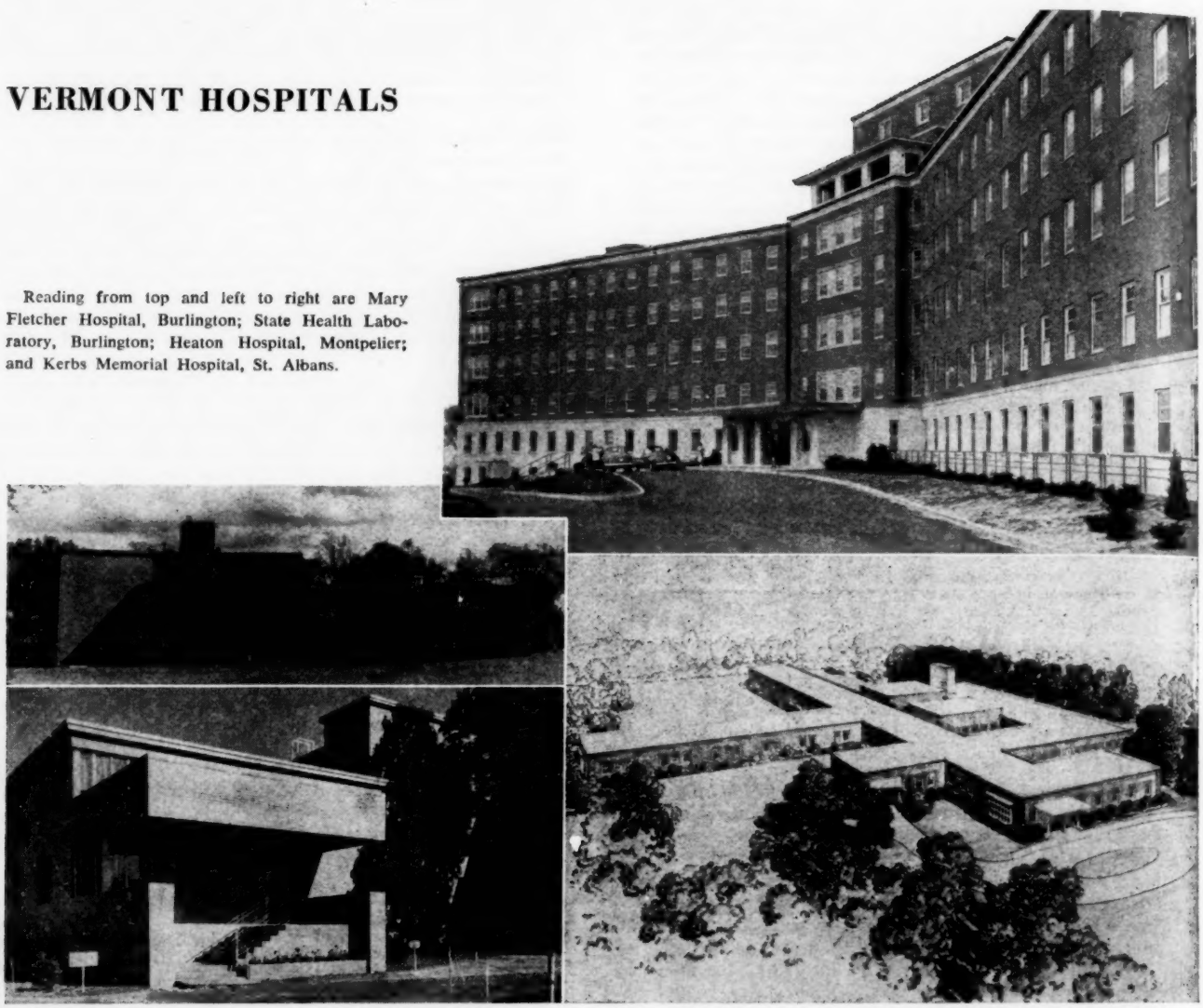
Medicolegal Lectures.—The division of postgraduate medical education, University of Utah College of Medicine, Salt Lake City, is presenting a series of discussions entitled "Legal Obligations and Privileges of the Practicing Physician" by Spencer L. Kimball, dean of the College of Law, University of Utah, Monday and Thursday evenings, 7:30 p. m., in the amphitheater of Salt Lake County General Hospital.

Audio-Visual Kits Available.—The University of Utah College of Medicine, Salt Lake City, and the Utah State Medical Association present a new approach to postgraduate education, the Audio-Visual Seminar Kit, containing a discussion on 33⅓ rpm records, illustrations and color photographs on 35 mm. slides, and a table-top slide viewer. The kits are prepared in triplicate, and the following are currently available:

Kit No. 1—"The Reliability of Radiological Diagnosis" by William R. Christensen, professor of radiology, University of Utah College of Medicine.
Kit No. 2—"Radiological Examination of the Chest" by William R. Christensen.
Kit No. 3—"Lesions of the Cervix and Vulva" by Andrew F. Latteier, clinical instructor in obstetrics and gynecology, University of Utah College of Medicine.
Kit No. 4—"The Role of the Blood Smear in Hematologic Diagnosis" by James Bush, research fellow in hematology, University of Utah College of Medicine.

Other kits, in production, will include common dermatologic lesions, peripheral venous disease, peripheral arterial disease, neoplastic disease and its detection, and diseases of the bone. Kits are currently available only to Utah physicians but will be available generally in the near future. They are sent free of charge (except for return motor freight charges) and are loaned on a 72 hour basis. Information may be obtained from the director, Division of Graduate and Postgraduate Medical Education, University of Utah College of Medicine, 175 E. 21st South, Salt Lake City.

VERMONT HOSPITALS



Reading from top and left to right are Mary Fletcher Hospital, Burlington; State Health Laboratory, Burlington; Heaton Hospital, Montpelier; and Kerbs Memorial Hospital, St. Albans.

VERMONT

Hospitals Built with Hill-Burton Aid.—Since the beginning of the construction program in 1948, Vermont has approved federal participation for seven projects including six general hospitals and one Public Health Laboratory-Administration Building. The total construction and equipment cost of these seven projects amounts to more than $5,700,000 of which $1,790,130 was federal money. Information relating to some of the individual projects follows: Kerbs Memorial Hospital, St. Albans, a completely new 70-bed general hospital, costing $1,224,000, was opened to the public in May, 1950. Heaton Hospital, Montpelier, a new addition to an existing hospital, costing $746,327, provides 59 general and maternity beds, giving the hospital a total capacity of 85 beds, plus a new obstetric suite, nurseries, heating plant, and other services. Mary Fletcher Hospital, Burlington, new five-story wing to an existing building, costing $2,525,454, provides medical-surgical, maternity, and tuberculosis beds, diagnostic clinic, major and minor operating suites, and dietary and other services. The present total capacity of the hospital is 220 beds. State Health Laboratory, Burlington, a completely new laboratory and administration building, costing $451,500, houses practically all units of the department of health.

WEST VIRGINIA

Trudeau Meeting.—The annual spring meeting of the West Virginia Trudeau Society will be held at the Hopemont Sanitarium, Hopemont, April 25. The president, Dr. Hugh S. Edwards, Beckley, will preside. Before luncheon Dr. Archie L. Starkey, superintendent of Hopemont Sanitarium, will present a number of cases of chest diseases, and after luncheon a tour of the hospital has been arranged. Members of the West Virginia Trudeau Society and other physicians interested will attend the meeting.

Society News.—Dr. Russell Kessel, Charleston, has assumed the presidency of the West Virginia State Medical Association; Dr. George F. Evans, Clarksburg, has been elected first vice-president; Dr. James L. Patterson, Logan, second vice-president; and Dr. Thomas Maxfield Barber, Charleston, continues as treasurer.——The West Virginia Tuberculosis and Health Association will pay the tuition fee of $100 for a West Virginia physician who desires to attend the Trudeau School of Tuberculosis at Saranac Lake, N. Y., June 1-25. The West Virginia Trudeau Society will screen all applications and make the choice of the qualified doctor. The course will cover all aspects of pulmonary tuberculosis and other phases of chronic chest diseases, including those of occupational origins. Requests for application blanks should be mailed to Dr. Hugh S. Edwards, president, West Virginia Trudeau Society, Hopemont Sanitarium, Hopemont, or to the West Virginia Tuberculosis and Health Association, Box 341, Charleston 32, W. Va. Applications must be filed with the Trudeau Foundation before June 1.

WISCONSIN

Seminar on Neoplastic Diseases.—The spring seminar of the Wisconsin Society of Pathologists will be held April 24, 1:30 p. m., at the Veterans Administration Center, Wood. The seminar, "Neoplastic Diseases of the Breast," moderated by Dr. Robert C. Horn Jr., professor of surgical pathology, University of Pennsylvania School of Medicine, Philadelphia, and spon-

sored jointly by the Wisconsin Society of Pathologists and the Milwaukee chapter of the American Cancer Society, is open to all physicians. A dinner and business meeting of the Wisconsin Society of Pathologists will follow the seminar.

State Society Presents Postgraduate Courses.—The State Medical Society of Wisconsin, in cooperation with several other state organizations, is sponsoring a series of postgraduate courses which will include presentations on April 27 in Platteville; April 28, Oconomowoc; and April 29, Manitowoc. Dr. George E. Collentine Jr., director of postgraduate education, Marquette University School of Medicine, will serve as moderator for the following program, 2-5:30 p. m.:

Maternal Mortality Findings and Conclusions in Relation to Medical Practice in Wisconsin, Frederick J. Hofmeister, Milwaukee.
Infant and Child Nutrition, Robert L. Jackson, Iowa City.
Diabetic Emergencies, Howard F. Root, Boston.
Fractures of the Ankle, Herman W. Wirka, Madison.

Dr. Opie Delivers Bardeen Lecture.—Dr. Eugene L. Opie, Rockefeller Institute for Medical Research, New York, will deliver the 14th Charles Russell Bardeen lecture under the sponsorship of Tau Beta chapter of Phi Chi, April 27, 8 p. m. in the Service Memorial Institutes Auditorium, University of Wisconsin Medical School, Madison. Dr. Opie was a classmate of Dr. Bardeen in the first class of the Johns Hopkins University School of Medicine. His lecture, entitled "Osmotic Homeostasis in the Movement of Water Between Parenchymatous Cells and Interstitial Tissues Under Normal and Pathological Conditions," will be preceded by the annual banquet at the Blackhawk Country Club in Shorewood Hills, in honor of Dr. Bardeen, first dean of the University of Wisconsin Medical School.

GENERAL

Fellowship in Cancer Research.—The Vincent Memorial Hospital, the gynecologic service of the Massachusetts General Hospital, Boston, announces an American Cancer Society fellowship in cancer research. Appointment is for one year, beginning July 1. Information can be obtained from Dr. Joe V. Meigs, Vincent Memorial Hospital, Fruit Street, Boston 14.

Medical Women Plan European Tour.—In conjunction with the seventh congress in Gardone, Lake Garda, Italy, the Medical Women's International Association is arranging its second international tour. The itinerary, which calls for departure Aug. 26 via the S. S. Independence for Gibraltar, or Aug. 29 by air for Lisbon, will include Seville, Madrid, and Algeciras in Spain; Tangier, Rabat, Casablanca, and Algiers in Northern Africa; Marseilles, Cannes, and Nice in France; Milan, Florence, Rome, and other points in Italy. Departure from Naples is scheduled Oct. 3 by boat and Oct. 4 by plane. For details write to Medical Women's International Association, Suite 3B, 118 Riverside Drive, New York 24.

Surgeons Meeting in Cleveland.—The annual meeting of the American Surgical Association will be held at the Hotel Cleveland in Cleveland, April 28-30. Dr. Howard C. Naffziger, San Francisco, will deliver the presidential address Wednesday morning, after which Philip Sandblom, M.D., Lund, Sweden, will speak on wound healing. Thirty-four presentations have been scheduled, and 15 papers will be read by title. Dr. Naffziger will serve as moderator for the symposium "How Can We Reduce the Cost of Medical Education?" on Thursday. Discussants will be Drs. John E. Deitrick, Philadelphia, Stanley E. Dorst, Cincinnati, and Nathan A. Womack, Chapel Hill, N. C., and Joseph C. Hinsey, Ph.D., New York.

Medical Art on Tour.—The medical art exhibit arranged by Smith, Kline & French Laboratories, Philadelphia, which is making a cross-country tour of medical colleges and hospitals, will be shown at the University of Kansas School of Medicine, Kansas City, Kan., April 25-30; at the University of Colorado School of Medicine, Denver (tentative), May 9-15; and at the University of Utah School of Medicine, Salt Lake City, May 23-29. The collection, entitled "Ars Medica," is composed of 85 prints depicting the practice of medicine over the centuries and assembled by the Philadelphia Museum of Art. It contains the works of Rembrandt, Goya, Daumier, Vesalius, Toulouse-Lautrec, and other masters.

Association for the Study of Neoplastic Diseases.—The American Association for the Study of Neoplastic Diseases will hold its annual meeting at St. Agnes Hospital, Baltimore, April 29-May 1 under the presidency of Dr. Arthur S. J. Petersen, Chicago. On Thursday, rare and unusual tumors, tumors of the breast, and gynecologic tumors will be discussed. Friday morning Dr. Howard B. Barker, Pontiac, Mich., will be guest speaker at a session on tumors of the gastrointestinal tract. Friday afternoon will be devoted to a radiological session. A dinner meeting will be held Friday, 7 p. m., at the Lord Baltimore Hotel. Dr. Roy Hertz, chief, research medicine branch, National Cancer Institute, Bethesda, Md., guest speaker, will present "Endocrine Approaches to the Cancer Problem." The topic for Saturday morning is "Miscellaneous Tumors."

Maxillofacial Surgeons Meeting.—The annual meeting of the American Society of Maxillofacial Surgeons will be held at the Sheraton-Park Hotel, Washington, D. C., April 25-28 under the presidency of Dr. William F. Harrigan, New York. Ten speakers by invitation will appear on the Monday program. The Tuesday session will be held at the U. S. Naval Hospital in Bethesda, Md., where clinics, 9-10:30 a. m., will be followed by presentations by three invited speakers. After luncheon at the Officers Club, U. S. Naval Hospital, there will be a tour of the National Health Institute, where six presentations will be made by invitation. A symposium on the cleft palate will be held at the Sheraton-Park Hotel, Wednesday, 10:30 a. m. to 12 noon. There will be a cocktail reception Sunday, 6-8 p. m.; an informal dinner with entertainment Monday, 7 p. m.; and the annual dinner Tuesday, 7 p. m.

American Goiter Association.—The annual meeting of the American Goiter Association will be held at the Somerset Hotel, Boston, April 29-May 1. Dr. Merrill N. Foote, Brooklyn, will deliver the presidential address, "Of Boiling Oil and Barbers' Chairs," Friday, 9 a. m. Thirty-eight papers will be presented, including "Calcium as a Goitrogen" by Selwyn Taylor, M.Ch., F.R.C.S., London, England, and "Quantitative Measurements of Radioiodine Retention in Thyroid Carcinoma" by Dr. R. Murray Cunningham, Toronto, Canada, Gwen Hilton, B.S., B.Sc., F.F.R., D.M.R.E., and E. Eric Pochin, M.D., F.R.C.P., London, England. There will be a cocktail party for members and their guests at the Harvard Club Thursday, 6:30 p. m. The annual banquet (dress optional) will be at the Somerset. A tour to Salem and Marblehead, with stops at various points of interest, has been arranged for Thursday, 10 a. m., and a tour to the Toll House for Friday at the same hour.

Neurologists Meet in Washington.—The sixth annual meeting of the American Academy of Neurology will be held at the Shoreham Hotel, Washington, D. C., April 26-May 1. The first three days will be devoted to review courses in basic and clinical neurology. The following symposium on therapy in neurology will be held Thursday afternoon:

Poliomyelitis: Treatment Review, Abe B. Baker, Minneapolis.
Treatment of Meningitis, Adolph L. Sahs, Iowa City.
Treatment of Barbiturate Intoxication, Fae Y. Tichy, Minneapolis.
Present Therapy of Paraplegia, Benjamin Boshes, Eli L. Tigay, and Israel R. Zivin, Chicago.
Treatment of Headaches and Neuralgias, Francis L. McNaughton, Montreal, Canada.

Reports of unusual clinical entities will be presented Friday afternoon. Saturday Dr. Pearce Bailey, Washington, D. C., president of the American League Against Epilepsy, will be chairman for the joint session of the American Academy of Neurology and the American League Against Epilepsy. Dr. Walter H. Judd, Washington, D. C., member of congress from the Fifth District of the State of Minnesota, will be guest speaker at a subscription luncheon Thursday.

Industrial Health Conference.—The annual Industrial Health Conference at the Hotel Sherman, Chicago, April 24-30, will have as its slogan "Protecting Our Greatest Industrial Wealth—Employee Health." Participants in the conference include the American Conference of Governmental Industrial Hygienists, American Association of Industrial Dentists, American Industrial Hygiene Association, Industrial Medical Association, and American Association of Industrial Nurses. The Industrial Medical Association will meet jointly with the American In-

dustrial Hygiene Association Wednesday morning to discuss "The Responsibility of the Professions in Health Education of the Employee." It will have a joint luncheon and afternoon session Wednesday with the American Association of Industrial Nurses and the American Association of Industrial Dentists. Dr. Norman Plummer, medical director, the New York Telephone Company, will preside at the luncheon meeting, at which Louis E. Newman, manager of health and safety, General Electric Company, New York, will discuss "How Management Looks at the Costs and the Causes of Industrial Absenteeism." Drs. Plummer and Lawrence E. Hinkle Jr., associate medical officer, New York Telephone Company, will discuss "How the Industrial Physician Looks at the Causes and Cures of Absenteeism." Major surgery of the extremities will be discussed Thursday morning in the surgical section, and "The Industrial Medical Department and Civil Defense" will be the topic of that section in the afternoon. The Thursday morning meeting of the medical section will be largely devoted to discussions on lung cancer. After the annual banquet of the American Industrial Hygiene Association, Thursday, 6:30 p. m., Frank A. Patty, B.S., General Motors Corporation, Detroit, will deliver the Donald E. Cummings memorial lecture.

LATIN AMERICA

Congress of Plastic Surgery.—Plastic surgeons of America are invited to participate in the seventh Latin American Congress of Plastic Surgery in Mexico City Oct. 5-9. Principal questions to be discussed are (1) repair of the eyelids, (2) plastic repair of lesions of the tendons of the hands, and (3) plastic surgery of the maxillae. For information write Congreso Latino Americano de Cirugia Plastica, Tuxpan 23, Mexico, D. F.

FOREIGN

Gifts to Dr. Schweitzer in Africa.—A 29 ton shipment of pharmaceuticals, comprising more than 100,000 bottles of medicine, was recently dispatched by the Eli Lilly International Corporation to the jungle hospital of Dr. Albert Schweitzer, winner of the 1952 Nobel peace prize, in Lambar'en'e, French Equatorial Africa. Mlle. Emma Haussknecht, Dr. Schweitzer's head nurse for 28 years, who was in Indianapolis to address the English-Speaking Union on the day the gift was shipped, stated that Dr. Schweitzer currently had 245 patients with leprosy and 230 other patients in his thatch-roofed hospital and that he is supervising the construction of permanent hospital buildings, financed by the $33,840 Nobel prize money. Expressing her gratitude to Lilly International and to other pharmaceutical companies that have contributed to Dr. Schweitzer's work, she said: "It is fantastic how much good America is doing all over the world. You Americans do not realize how much your generosity has achieved in the betterment of mankind. I want you to know how much other peoples appreciate your gifts." (See THE JOURNAL, July 23, 1949, page 1032.)

MEETINGS

AMERICAN MEDICAL ASSOCIATION: Dr. George F. Lull, 535 North Dearborn St., Chicago 10, Secretary.
1954 Annual Meeting, San Francisco, June 21-25.
1954 Clinical Meeting, Miami, Florida, Nov. 29-Dec. 2.
1955 Annual Meeting, Atlantic City, N. J., June 6-10.
1955 Clinical Meeting, Boston, Nov. 29-Dec. 2.
1956 Annual Meeting, Chicago, June 11-15.

AMERICAN ACADEMY OF NEUROLOGY, Shoreham Hotel, Washington, D. C., April 29-May 1. Dr. Alexander T. Ross, 1040 West Michigan St., Indianapolis 7, Secretary.

AMERICAN ACADEMY OF TUBERCULOSIS PHYSICIANS, San Francisco, June 19. Dr. Oscar S. Levin, P. O. Box 7011, Denver 6, Secretary.

AMERICAN ASSOCIATION FOR CLEFT PALATE REHABILITATION, Webster Hall Hotel, Pittsburgh, May 14-15 Dr. Jack Matthews, 1617 Cathedral of Learning, University of Pittsburgh, Pittsburgh 13, Secretary.

AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS, Shawnee Inn, Shawnee-on-Delaware, Pa., May 26-28. Dr. John Taylor, 2 East 54th St., New York 22, Secretary.

AMERICAN ASSOCIATION OF THE HISTORY OF MEDICINE, Hotel Taft, New Haven, Conn., May 6-8. Dr. Samuel X. Radbill, 7043 Elmwood Ave., Philadelphia 42, Secretary.

AMERICAN ASSOCIATION ON MENTAL DEFICIENCY, Marlborough-Blenheim Hotel, Atlantic City, N. J., May 18-22. Dr. Neil A. Dayton, P. O. Box 96, Willimantic, Conn., Secretary.

AMERICAN ASSOCIATION FOR THE STUDY OF NEOPLASTIC DISEASES, Lord Baltimore Hotel, and St. Agnes Hospital, Baltimore, April 29-May 1. Dr. Bruce H. Sisler, P. O. Box 268, Gatlinburg, Tenn., Executive Secretary.

AMERICAN ASSOCIATION FOR THORACIC SURGERY, Sheraton-Mt. Royal Hotel, Montreal, Canada, May 3-5. Dr. Paul C. Samson, 2938 McClure St., Oakland 9, Calif., Secretary.

AMERICAN BRONCHO-ESOPHAGOLOGICAL ASSOCIATION, Hotel Statler, Boston, May 25-26. Dr. J. Johnson Putney, 255 South 17th St., Philadelphia 3, Secretary.

AMERICAN COLLEGE OF CARDIOLOGY, Conrad Hilton Hotel, Chicago, May 27-29. Dr. Philip Reichert, 140 West 57th St., New York 19, Secretary.

AMERICAN COLLEGE OF CHEST PHYSICIANS, Fairmont Hotel, San Francisco, June 17-20. Mr. Murray Kornfeld, 112 East Chestnut St., Chicago 11, Executive Director.

AMERICAN DIABETES ASSOCIATION, San Francisco, June 19-20. Mr. J. Richard Connelly, 11 West 42d St., New York 36, Executive Director.

AMERICAN FEDERATION FOR CLINICAL RESEARCH, Haddon Hall, Atlantic City, N. J., May 2. Dr. Lawrence E. Hinkle Jr., 525 East 68th St., New York 21, Secretary.

AMERICAN GASTRO-ENTEROLOGICAL ASSOCIATION, San Francisco, June 18-19. Dr. H. Marvin Pollard, University Hospital, Ann Arbor, Mich., Secretary.

AMERICAN GERIATRICS SOCIETY, Hotel Fairmont, San Francisco, June 17-19. Dr. Malford W. Thewlis, 25 Mechanic St., Wakefield, R. I., Secretary.

AMERICAN GOITER ASSOCIATION, The Somerset, Boston, April 29-May 1. Dr. John C. McClintock, 149½ Washington Ave., Albany 10, N. Y., Secretary.

AMERICAN GYNECOLOGICAL SOCIETY, The Homestead, Hot Springs, Va., May 20-22. Dr. John I. Brewer, 104 South Michigan Blvd., Chicago, Secretary.

AMERICAN LARYNGOLOGICAL ASSOCIATION, Hotel Statler, Boston, May 27-28. Dr. Harry P. Schenck, 326 South 19th St., Philadelphia 3, Secretary.

AMERICAN LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL SOCIETY, Hotel Statler, Boston, May 25-27. Dr. C. Stewart Nash, 277 Alexander St., Rochester 7, N. Y., Secretary.

AMERICAN MEDICAL WOMEN'S ASSOCIATION, San Francisco, June 18-20. Dr. Charna G. Perry, 691 Bridgeway Blvd., Sausalito, Calif., Secretary.

AMERICAN NEUROLOGICAL ASSOCIATION, Hotel Claridge, Atlantic City, N. J., June 14-16. Dr. H. Houston Merritt, 710 West 168th St., New York 32, Secretary.

AMERICAN OPHTHALMOLOGICAL SOCIETY, Many Glacier Hotel, Glacier Park, Mont., June 16-18. Dr. Maynard C. Wheeler, 30 West 59th St., New York 19, Secretary.

AMERICAN ORTHOPEDIC ASSOCIATION, Mount Washington Hotel, Bretton Woods, N. H., June 6-9. Dr. George C. Eaton, 4 East Madison St., Baltimore 2, Secretary.

AMERICAN OTOLOGICAL SOCIETY, Hotel Statler, Boston, May 23-24. Dr. John R. Lindsay, 150 East 59th St., Chicago 37, Secretary.

AMERICAN PEDIATRIC SOCIETY, The Inn, Buck Hill Falls, Pa., May 3-5. Dr. A. C. McGuinness, 237 Medical Laboratories, University of Pennsylvania, Philadelphia 4, Secretary.

AMERICAN PROCTOLOGIC SOCIETY, Hotel Statler, Los Angeles, June 2-5. Dr. Stuart T. Ross, 131 Fulton Ave., Hempstead, N. Y., Secretary.

AMERICAN PSYCHIATRIC ASSOCIATION, St. Louis, May 3-7. Dr. R. Finley Gayle Jr., 6300 Three Chopt Road, Richmond 21, Va., Secretary.

AMERICAN RHEUMATISM ASSOCIATION, St. Francis Hotel, San Francisco, June 18-19. Dr. William H. Kammerer, 33 East 61st Street, New York 21, Secretary.

AMERICAN SOCIETY FOR CLINICAL INVESTIGATION, Haddon Hall, Atlantic City, N. J., May 3. Dr. William M. M. Kirby, Univ. of Washington School of Medicine, Seattle 5, Secretary.

AMERICAN SOCIETY OF MAXILLOFACIAL SURGEONS, Washington, D. C., April 25-28. Dr. Casper M. Epsteen, 25 East Washington St., Chicago 2, Secretary.

AMERICAN SOCIETY FOR THE STUDY OF STERILITY, St. Francis Hotel, San Francisco, June 18-20. Dr. Herbert H. Thomas, 920 South 19th St., Birmingham, Ala., Secretary.

AMERICAN SURGICAL ASSOCIATION, Hotel Cleveland, Cleveland, April 28-30. Dr. R. Kennedy Gilchrist, 59 East Madison St., Chicago 3, Secretary.

AMERICAN TRUDEAU SOCIETY, The Ambassador, Atlantic City, N. J., May 17-21. Dr. William G. Childress, 1790 Broadway, New York 19, Secretary.

AMERICAN UROLOGICAL ASSOCIATION, The Waldorf-Astoria, May 31-June 3. Dr. Charles deT. Shivers, 121 South Illinois Ave., Atlantic City, N. J., Secretary.

ARIZONA MEDICAL ASSOCIATION, San Marcos Hotel, Chandler, April 25-28. Dr. Dermont W. Melick, 541 Security Bldg., Phoenix, Secretary.

ASSOCIATION OF AMERICAN PHYSICIANS, Chalfonte-Haddon Hall, Atlantic City, N. J., May 4-5. Dr. W. Barry Wood Jr., 600 S. Kingshighway Blvd., St. Louis 10, Secretary.

California Medical Association, Hotel Biltmore, Los Angeles, May 9-13. Mr. John Hunton, 450 Sutter St., San Francisco 8, Executive Secretary.

Catholic Hospital Association of the United States and Canada, Atlantic City, N. J., May 17-20. Rev. John J. Flanagan, 1438 South Grand Blvd., St. Louis 4, Director.

Connecticut State Medical Society, Bulkeley High School, Hartford, April 27-29. Dr. Creighton Barker, 160 St. Ronan St., New Haven, Executive Secretary.

Eastern States Health Education Conference, New York Academy of Medicine, New York, April 29-30. Dr. Iago Galdston, 2 East 103d St., New York 19, Secretary.

Florida Medical Association, Hollywood Beach Hotel, Hollywood, April 25-28. Dr. Samuel M. Day, P. O. Box 1018, Jacksonville, Secretary.

Georgia, Medical Association of, Hotel Dempsey and Macon Auditorium, Macon, May 2-5. Dr. David H. Poer, 875 West Peachtree St. N.E., Atlanta, Secretary.

Hawaii Medical Association, Maybel Smyth Bldg., Honolulu, May 13-16. Dr. Samuel L. Yee, 510 S. Beretania St., Honolulu 13, Secretary.

Idaho State Medical Association, Sun Valley, June 13-16. Dr. Robert S. McKean, 364 Sonna Bldg., Boise, Secretary.

Illinois State Medical Society, Hotel Sherman, Chicago, May 18-21. Dr. Harold M. Camp, 224 South Main St., Monmouth, Secretary.

Industrial Health Conference, Hotel Sherman, Chicago, April 24-30. Dr. E. C. Holmblad, 28 East Jackson Blvd., Chicago 4, Managing Director.

Industrial Medical Association, Hotel Sherman, Chicago, April 27-30. Dr. Arthur K. Peterson, 28 East Jackson Blvd., Suite 1300, Chicago 4, Secretary.

Iowa State Medical Society, Des Moines, April 25-28. Dr. Allan B. Phillips, 529 36th St., Des Moines 12, Secretary.

Kansas Medical Society, Hotel Jayhawk, Topeka, May 2-6. Dr. D. D. Vermillion, 315 West Fourth St., Topeka, Secretary.

Louisiana State Medical Society, Roosevelt Hotel, New Orleans, May 20-22. Dr. C. Grenes Cole, 1430 Tulane Ave., New Orleans 12, Secretary.

Maine Medical Association, The Samoset, Rockland, June 13-15. Mr. W. Mayo Payson, 142 High St., Portland 3, Executive Secretary.

Maryland, Medical and Chirurgical Faculty of the State of, Baltimore, April 27-28. Dr. Everett S. Diggs, 1211 Cathedral St., Baltimore, Secretary.

Massachusetts Medical Society, Hotel Statler, Boston, May 18-20. Dr. Robert W. Buck, 22 Fenway, Boston 15, Secretary.

Medical Library Association, Statler Hotel, Washington, D. C., June 15-18. Miss Audrey L. Kargus, St. Louis Medical Society, 3839 Lindell Blvd., St. Louis 8, Secretary.

Medical Surgical Conference, Meadow Lark Country Club, Great Falls, Mont., June 14-15. Dr. John A. Layne, Box 911, Great Falls, Mont., Chairman.

Minnesota State Medical Association, Hotel Duluth, Duluth, June 7-9. Dr. B. B. Souster, 496 Lowry Medical Arts Bldg., St. Paul 2, Secretary.

Mississippi State Medical Association, Hotel Heidelberg, Jackson, May 11-13. Mr. R. B. Kennedy, 507 First Federal Bldg., Jackson, Executive Secretary.

National Conference on Health in Colleges, Hotel Statler, New York, May 5-8. Miss Charlotte V. Leach, 12th Floor, 1790 Broadway, New York 19, Secretary.

National Tuberculosis Association, Ambassador, Chelsea and Ritz-Carlton Hotels, Atlantic City, N. J., May 17-21. Mr. Kemp D. Battle, 1790 Broadway, New York 19, Secretary.

Nebraska State Medical Association, Hotel Cornhusker, Lincoln, May 10-13. Dr. R. B. Adams, 1315 Sharp Bldg., Lincoln 8, Secretary.

New Jersey, Medical Society of, Haddon Hall, Atlantic City, May 16-19. Dr. Marcus H. Greifinger, 315 West State St., Trenton 8, Secretary.

New Mexico Medical Society, Hotel LaFonda, Santa Fe, May 13-15. Mr. R. R. Marshall, 221 West Central Ave., Albuquerque, Executive Secretary.

New York, Medical Society of the State of, Hotel Statler, New York, May 10-14. Dr. Walter P. Anderton, 386 Fourth Avenue, New York 16, Secretary.

North Carolina, Medical Society of the State of, Hotel Carolina, Pinehurst, May 3-5. Dr. Millard D. Hill, 203 Capital Club Bldg., Raleigh, Secretary.

North Dakota State Medical Association, Grand Forks, May 1-4. Mr. Lyle A. Limond, Box 1198, Bismarck, Executive Secretary.

Oklahoma State Medical Association, Municipal Auditorium, Oklahoma City, May 9-12. Mr. R. H. Graham, 1227 Classen Drive, Oklahoma City, Executive Secretary.

Regional Meetings, American College of Physicians:
Northern California and Nevada, San Francisco, June 16. Dr. Stacy R. Mettier, University of California Hospital, San Francisco 22, Governor.

Rhode Island Medical Society, Rhode Island Medical Society Library, Providence, May 5-6. Dr. Thomas Perry Jr., 106 Francis St., Providence 3, Secretary.

Society of American Bacteriologists, William Penn Hotel, Pittsburgh, May 2-7. Dr. John Hays Bailey, Sterling-Winthrop Research Institute, Rensselaer, N. Y., Secretary.

Society of Biological Psychiatry, Claridge Hotel, Atlantic City, N. J., June 13. Dr. George N. Thompson, 2010 Wilshire Blvd., Los Angeles 5, Secretary.

Society for Investigative Dermatology, Clift Hotel, San Francisco, June 19-20. Dr. Herman Beerman, 255 South 17th St., Philadelphia 3, Secretary.

Society for Pediatric Research, Buck Hill Falls Inn, Buck Hill Falls, Pa., May 4-6. Dr. Sydney S. Gellis, 330 Brookline Ave., Boston 15, Secretary.

South Carolina Medical Association, Ocean Forest Hotel, Myrtle Beach, May 11-13. Dr. Robert Wilson, 165 Rutledge Ave., Charleston, Secretary.

South Dakota State Medical Association, Marvin Hughitt Hotel, Huron, May 18-20. Mr. J. C. Foster, 300 First National Bank Bldg., Sioux Falls, Secretary.

Southwest Allergy Forum, Roosevelt Hotel, New Orleans, May 9-11. Dr. Stanley Cohen, S. W. Allergy Forum, 1441 Delachaise St., New Orleans 15, Secretary.

Student American Medical Association, Sherman Hotel, Chicago, May 1-3. Mr. Russell F. Staudacher, 510 N. Dearborn St., Chicago 10, Executive Secretary.

Texas Medical Association, Gunter Hotel, San Antonio, May 3-5. Dr. J. M. Travis Sr., 1801 Lamar Blvd., Austin, Secretary.

Utah State Medical Association, Ogden, May 26-28. Dr. Homer E. Smith, 42 S. Fifth East St., Salt Lake City 2, Secretary.

Western Branch, American Public Health Association, Olympic Hotel, Seattle, May 9-12. Mrs. L. Amy Darter, Division of Laboratories, State Dept. of Public Health, Berkeley, Calif., Secretary.

Western Industrial Medical Association, Hotel Biltmore, Los Angeles, May 8. Dr. Edward J. Zaik, 740 S. Olive St., Los Angeles 14, Secretary.

Wyoming State Medical Society, Kalif Temple, Sheridan, June 7-9. Dr. Royce D. Tebbet, Box 1252, Cheyenne, Secretary.

FOREIGN AND INTERNATIONAL

Association of Surgeons of Great Britain and Ireland, Leeds, England, May 13-15, 1954. Dr. Henry W. S. Wright, 45 Lincoln's Inn Fields, London W.C.2, England, Honorary Secretary.

British Medical Association, Glasgow, Scotland, July 1-9, 1954. Dr. A. Macrae, B.M.A. House, Tavistock Square, London, W.C.1, England, Secretary.

Canadian Medical Association, Vancouver, B. C., Canada, June 14-18, 1954. Dr. T. C. Routley, 244 St. George St., Toronto 5, Ontario, Canada, General Secretary.

Conference of International Union Against Tuberculosis, Madrid, Spain, Sept. 26-Oct. 2, 1954. Secretariat, Escuela de Tisiologia, Ciudad Universitaria, Madrid, Spain.

Congress of International Association for the Prevention of Blindness, New York, N. Y., U. S. A., Sept. 12-17, 1954. Professor Franceschetti, 2 Avenue Mirmot, Geneva, Switzerland, Secretary-General.

Congress of International Association for the Study of the Bronchi, Geneva, Switzerland, June 5-6, 1954. Professor A. Montandon, Clinique Universitarie d O.R.L., Hôpital Cantonal, Geneva, Switzerland, Chairman.

European Society of Cardiovascular Surgery, Edinburgh, Scotland, July 9-10, 1954. For information address: Mr A. J. Slessor, Department of Surgery, University New Building, Edinburgh 8, Scotland.

Health Congress of the Royal Sanitary Institute, Scarborough, England, April 27-30, 1954. Mr. P. Arthur Wells, Royal Sanitary Institute, 90 Buckingham Palace Road, London, S.W.1, England, Secretary.

Inter-American Session, American College of Surgeons, R.M.S. Mauretana, Lima, Peru, S. A., Jan. 11-15, 1955. Dr. Moacyr Eyck Alvaro, 1151 Conselacao, Sao Paulo, Brazil, S. A., Chairman.

International Anesthesia Research Society, Ambassador Hotel, Los Angeles, Calif., U. S. A., Oct. 10-14, 1954. For information write: Dr. T. H. Seldon, 102-110 Second Avenue S.W., Rochester, Minn., U. S. A.

International Cancer Congress, Sao Paulo, Brazil, July 23-29, 1954. Prof. A. Prudente, 171 rua Benjamin Constante, Sao Paulo, Brazil, President.

International Conference on Thrombosis and Embolism, Basle, Switzerland, July 20-24, 1954. Dr. W. Merz, Chief Medical Officer, Gynecological Clinic, University of Basle, Basle, Switzerland, Hon. Secretary.

International Congress of Clinical Pathology, Washington, D. C., U. S. A., Sept. 6-10, 1954. Dr. Robert A. Moore, Washington University School of Medicine, St. Louis 10, Mo., U. S. A., Chairman, Committee on Arrangements.

International Congress on Diseases of the Chest, Barcelona, Spain, Oct. 4-8, 1954. Mr. Murray Kornfeld, 112 East Chestnut St., Chicago 11, Ill., U. S. A., Executive Secretary.

International Congress on Group Psychotherapy, Toronto, Ont., Canada, Aug. 12-14, 1954. Dr. J. L. Moreno, Room 327, 101 Park Ave., New York 17, N. Y., U. S. A., Director of Organizing Committee.

International Congress on Gynecology and Obstetrics, Geneva, Switzerland, July 26-31, 1954. Dr. H. de Watteville, Maternité Hôpital Cantonal, Geneva, Switzerland, President.

International Congress of Hematology, Paris, Sept. 6-11, 1954. Dr. Jean Bernard, 86 rue d'Assas, Paris 6e, France, Secretary.

International Congress of the History of Medicine, Rome and Salerno, Italy, Sept. 13-20, 1954. For information write: Segreteria XIV Congresso Internazionale di Storia della Medicina, Instituto di Storia della Medicine, Citta Universitaria, Rome, Italy.

International Congress of Hydatid Disease, Madrid, Spain, Oct. 5-8, 1954. Dr. Jesus Calvo Melendro, Hospital Provincial, Sorea, Spain, Secretary General.

INTERNATIONAL CONGRESS OF HYDROCLIMATISM AND THALASSOTHERAPY, Opatija, Yugoslavia, May 8-13, 1954. Prof. C. Plavsic, Zeleni venac 1, Belgrade, Yugoslavia, Secretary General.

INTERNATIONAL CONGRESS OF INDUSTRIAL MEDICINE, Naples, Italy, Sept. 13-19, 1954. Professor Scipione Caccuri, Director, Institute of Industrial Medicine Policlinico, Naples, Italy, Chairman, Organizing Committee.

INTERNATIONAL CONGRESS OF INTERNAL MEDICINE, Stockholm, Sweden, Sept. 15-18, 1954. Professor Anders Kristenson, Karolinska Sjukhuset, Stockholm 60, Sweden, Secretary-General.

INTERNATIONAL CONGRESS OF INTERNATIONAL COLLEGE OF SURGEONS, Sao Paulo, Brazil, April 26-May 2, 1954. Dr. Max Thorek, 1516 Lake Shore Drive, Chicago, Ill., U. S. A., Secretary-General.

INTERNATIONAL CONGRESS ON MENTAL HEALTH, University of Toronto, Toronto, Ontario, Canada, Aug. 14-21, 1954. For information write: Executive Officer, International Congress on Mental Health, 111 St. George St., Toronto, Ontario, Canada.

INTERNATIONAL CONGRESS OF NUTRITION, Amsterdam, Netherlands, Sept. 13-17, 1954. Dr. M van Eekelen, Centraal Instituut voor Voedingsonderzoek T.N.O., 61 Catharynesingel, Utrecht, Netherlands, General Secretary.

INTERNATIONAL CONGRESS OF OPHTHALMOLOGY, University of Montreal and McGill University, Montreal, Canada, Sept. 9-11, 1954, and Waldorf-Astoria, New York, N. Y., U. S. A., Sept. 12-17, 1954. Dr. William L. Benedict, 100 First Avenue Building, Rochester, Minn., U. S. A., Secretary-General.

INTERNATIONAL CONGRESS OF ORTHOPEDIC SURGERY AND TRAUMATOLOGY, Berne, Switzerland, Aug 30-Sept. 3, 1954. For information write: Professor M. Dubois, Isle-Hospital, Berne, Switzerland.

INTERNATIONAL CONGRESS OF PSYCHOLOGY, Montreal, Canada, June 7-12, 1954. For information write: Prof. H. S. Langfeld, International Union of Scientific Psychology, Eno Hall, Princeton University, Princeton, N. J., U. S. A.

INTERNATIONAL CONGRESS FOR PSYCHOTHERAPY, Zurich, Switzerland, July 21-24, 1954. Dr. H. K. Fierz, Theaterstrasse 12, Zurich 1, Switzerland, Secretary General.

INTERNATIONAL GERONTOLOGICAL CONGRESS, London and Oxford, England, July 12-22, 1954. Prof. R. E. Tunbridge, General Infirmary, Department of Medicine, The University, Leeds, England, President.

INTERNATIONAL INSTITUTE ON CHILD PSYCHIATRY, Toronto, Canada, Aug. 13-14, 1954. Miss Helen Speyer, International Association for Child Psychiatry, 1790 Broadway, New York 19, N. Y., U. S. A., Executive Officer.

INTERNATIONAL POLIOMYELITIS CONGRESS, University of Rome, Orthopedic Clinic, Rome, Italy, Sept. 6-10, 1954. Mr. Stanley E. Henwood, 120 Broadway, New York 5, N. Y., U. S. A., Executive Secretary.

INTERNATIONAL SOCIETY OF ANGIOLOGY, North American Chapter, Hotel Mark Hopkins, San Francisco, Calif., U. S. A., June 19, 1954. Dr. Henry Haimovici, 105 East 90th St., New York, N. Y., U. S. A., Secretary.

INTERNATIONAL SOCIETY OF BLOOD TRANSFUSION, Paris, France, Sept. 12-19, 1954. For information write: Colonel Julliard, Société Internationale de Transfusion Sanguine, 53 Boulevard Diderot, Paris 12e, France.

INTERNATIONAL SOCIETY FOR CELL BIOLOGY, Leiden, Netherlands, Sept. 2-9, 1954. Professor Peter J. Gaillard, University of Leiden, Leiden, Netherlands, Secretary.

INTERNATIONAL SOCIETY OF GEOGRAPHICAL PATHOLOGY, Washington, D. C., U. S. A., Sept. 6-10, 1954. Professor Fred C. Roulet, Hebelstrasse 24, Basel, Switzerland, Secretary-General.

IRISH MEDICAL ASSOCIATION, Killarney, Ireland, July 7-10, 1954. Dr. P. J. Delaney, 10, Fitzwilliam Place, Dublin, Ireland, Medical Secretary.

LATIN AMERICAN CONGRESS ON GYNECOLOGY AND OBSTETRICS, Sao Paulo, Brazil, July 10-15, 1954. Prof. Dr. Jairo Ramos, av. Brigaderio Luiz Antonio, 278-8° andar, Sao Paulo, Brazil, Chairman of Organizing Committee of Medical Congresses.

LATIN AMERICAN CONGRESS ON MENTAL HEALTH, Sao Paulo, Brazil, July 17-22. For information address: Professor A. C. Pacheco e Silva, Avenida Brigadeiro Luiz Antonio 651, Sao Paulo, Brazil.

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION CONGRESS, Lake Garda, Italy, Sept. 15-21, 1954. Dr. Ada Chree Reid, 118 Riverside Drive, New York 24, N. Y., U. S. A., President.

PAN AMERICAN CONGRESS OF CHILD WELFARE AND PEDIATRICS, Sao Paulo, Brazil, July 15-21, 1954. For information address: Dr. Jairo Ramos, Avenida Brigaderio Luiz Antonio 278-8° andar, Sao Paulo, Brazil.

PAN AMERICAN CONGRESS OF GASTROENTEROLOGY, Sao Paulo, Brazil, July 19-24, 1954. For information address: Dr. Jairo Ramos, Avenida Brigadeiro Luiz Antonio 278-8° andar, Sao Paulo, Brazil.

PAN AMERICAN CONGRESS OF OPHTHALMOLOGY (Interim), Sao Paulo, Brazil, June 17-21, 1954. Dr. Moacyr E. Alvaro, Consolacao 1151, Sao Paulo, Brazil, President.

PAN AMERICAN HOMEOPATHIC MEDICAL CONGRESS, Hotel Gloria, Rio de Janeiro, Brazil, S. A., Oct. 2-13, 1954. Dr. Paul S. Schantz, 103 West Main St., Ephrata, Pa., U. S. A., Executive Secretary.

PAN-PACIFIC SURGICAL CONGRESS, Honolulu, Hawaii, Oct. 7-18, 1954. Dr. F. J. Pinkerton, Suite 7, Young Bldg., Honolulu 13, Hawaii, Director General.

SECTIONAL MEETING, AMERICAN COLLEGE OF SURGEONS, London, England, May 17-19, 1954. Dr. Michael L. Mason, 40 East Erie St., Chicago 11, Ill., U. S. A., Secretary.

SOUTH AMERICAN CONGRESS OF ANGIOLOGY, Sao Paulo, Brazil, July 1954. For information write: Dr. Rubens Carlos Mayall, Rua Senador Vergueiro 73, Rio de Janeiro, Brazil, S. A.

WORLD CONGRESS OF CARDIOLOGY, Washington, D. C., U. S. A., Sept. 12-18, 1954. Dr. L. W. Gorham, 44 East 23d St., New York 10, N. Y., U. S. A., Secretary-General.

WORLD CONGRESS OF INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES, Scheveningen-The Hague, Netherlands, Sept. 13-17, 1954. Secretariat: Miss H. P. Post, Pieter Lastmarkade 37, Amsterdam Z, Netherlands.

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS, Edinburgh, Scotland, August 17, 1954.

WORLD MEDICAL ASSOCIATION, Rome, Italy, Sept. 26-Oct. 2, 1954. Dr. Louis H. Bauer, 345 East 46th St., New York 17, N. Y., U. S. A., Secretary-General.

EXAMINATIONS AND LICENSURE

EXAMINING BOARDS IN SPECIALTIES

AMERICAN BOARD OF ANESTHESIOLOGY: *Written.* Various Centers, July 16. Final date for filing applications was Jan 16. Sec., Dr. Curtiss B. Hickox, 80 Seymour St., Hartford 15.

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY: *Written.* Various centers, Sept. 2. *Oral* Ann Arbor, Oct. 15-18. To be eligible candidates must have completed thirty-six months of training by October 1. Final date for filing application is May 1. Exec. Sec., Miss Janet Newkirk, 129 E. 52nd St., New York 22.

AMERICAN BOARD OF INTERNAL MEDICINE: *Oral.* Los Angeles, June 15-17 (candidates west of the Rocky Mountains and west coast). The closing date for acceptance of applications for Los Angeles was Feb 1. New York, Sept. 22-24 (candidates on the east coast). The closing date for acceptance of applications was April 1. *Written.* Oct. 18. Final date for acceptance of applications will be May 1. *Subspecialties.* Exec. Sec.-Treas., Dr. William A. Werrell, One West Main St., Madison 3, Wis.

AMERICAN BOARD OF NEUROLOGICAL SURGERY: *Oral.* Chicago, May or June. Final date for filing application was Jan. 15. Sec., Dr. Leonard T. Furlow, 600 S. Kingshighway, St. Louis 10.

AMERICAN BOARD OF NEUROLOGY AND PSYCHIATRY: *Psychiatry and Neurology.* Chicago, April 29-30. Final date for filing application was Feb. 1. Sec., Dr. David A. Boyd, Jr., 102-110 Second Ave., S.W., Rochester, Minn.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: *Part II.* Chicago, May 10-17. Final date for filing application was April 1. Sec., Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6.

AMERICAN BOARD OF OPHTHALMOLOGY: *Practical examinations, 1954.* San Francisco, June 25-29; New York City, Dec. 5-9. Final date for filing applications was July 1, 1953. *Written, 1955.* Various cities, Jan. 24-25. Final date for filing application is July 1, 1954. *Practical examinations, 1955.* Philadelphia, June 10-15; Chicago, Oct. 9-14. Sec., Dr. Edwin B. Dunphy, 56 Ivie Road, Cape Cottage, Maine.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY: Final date for filing applications for Part II is Aug. 15. Sec., Dr. Harold A. Sofield, 122 South Michigan Ave., Chicago 3, Ill.

AMERICAN BOARD OF OTOLARYNGOLOGY: *Oral.* Boston, May 17-21. Sec., Dr. Dean M. Lierle, University Hospital, Iowa City.

AMERICAN BOARD OF PATHOLOGY: San Francisco, June 17-19. Sec., Dr. William B. Wartman, 303 E. Chicago Ave., Chicago 11.

AMERICAN BOARD OF PEDIATRICS: *Oral.* New York City, April 30-May 2; San Francisco, June 25-27; Chicago, Oct. 8-10 and New Haven, December. Ex. Sec., Dr. John McK. Mitchell, 6 Cushman Road, Rosemont, Pa.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION. *Oral and Written.* Washington, D. C., Sept. 5-6. Final date for filing applications was March 31. Sec., Dr. Earl C. Elkins, 30 N. Michigan Ave., Chicago.

AMERICAN BOARD OF PLASTIC SURGERY: Final date for receipt of case reports for the fall 1954 examination is June 1, 1954. Corres. Sec., Mrs. Estelle E. Hillerich, 4647 Pershing Ave., St. Louis 8.

AMERICAN BOARD OF PREVENTIVE MEDICINE: *Parts 1 and 2.* Buffalo, Oct. 9-11. Final date for filing applications is July 15. Sec., Dr. Ernest L. Stebbins, 615 N. Wolfe St., Baltimore.

AMERICAN BOARD OF PROCTOLOGY: *Part 1.* Kansas City, Philadelphia and San Francisco, May 8. Sec., Dr. Louis A. Buie, 102-110 Second Ave. S.W., Rochester, Minn.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY: New York, Dec. 13-14; New Orleans, Feb. 28-March 1, 1955; San Francisco, Mid-October, 1955; New York City, December, 1955. Sec., Dr. David A. Boyd, 102-110 Second Ave. S.W., Rochester, Minnesota.

AMERICAN BOARD OF RADIOLOGY: *Oral.* Washington, D. C., September. Final date for filing application for the September examination is May 1. Sec., Dr. B. R. Kirklin, 102-110 Second Ave. S.W., Rochester, Minn.

DEATHS

Wolbach, Simeon Burt ⊕ Boston, Shattuck professor of pathological anatomy emeritus at the Harvard Medical School, died in Sudbury, Mass., March 19, aged 73, of carcinoma of the prostate with metastases. Dr. Wolbach was born in Grand Island, Neb., July 3, 1880. He studied at the Lawrence Scientific School and Harvard College, and received his M.D. from Harvard Medical School in 1903. In 1905 he joined the faculty of Harvard as an assistant and in 1906 became an instructor in pathology, serving in this capacity until 1908 when he was made an adjunct professor of pathology and bacteriology at Albany Medical College. Then he spent two years at the Montreal General Hospital. He returned to Harvard in 1910 as an assistant professor of bacteriology and later became an associate professor of bacteriology and associate professor of pathology and bacteriology. In 1922 he received the Shattuck professorship of pathological anatomy, a position he held until his retirement in 1947, when he became Shattuck professor of pathological anatomy emeritus. On May 11, 1937 he delivered the De Lamar lecture in hygiene at the Johns Hopkins University School of Hygiene and Public Health, Baltimore. In 1910 Dr. Wolbach's investigations took him to West Africa, where he made important contributions to the understanding of sleeping sickness. In 1920 he led the Red Cross Societies' expedition to Poland to search for the cause of typhus, which was epidemic at that time. He was chosen for this work because of his research in 1916, which enabled him to prove the means of transmission of Rocky Mountain spotted fever, a disease somewhat similar to typhus fever. On May 8, 1950, the Howard Taylor Ricketts award was given to Dr. Wolbach in recognition of work on spotted fever. Dr. Wolbach discovered the cause of the typhus epidemic in Poland and demonstrated its mode of transmission. This achievement won for him the Polish decoration, Commander, third class, Order of Polonia Restituta. In 1923 Dr. Wolbach began his studies on the action of vitamins in the nutrition of experimental animals and man, which he continued to the time of his death. For his work on vitamin A, he received the Mead-Johnson award in 1935. A specialist certified by the American Board of Pathology, Dr. Wolbach was a member and past president of the American Society for Experimental Pathology, American Association for Cancer Research, and the American Association of Pathologists and Bacteriologists. He was a fellow of the American Academy of Arts and Sciences, of which in May, 1941, he was elected vice-president for the natural and physiological sciences, and Royal Society of Tropical Medicine and Hygiene, a member of the Association of American Physicians, National Academy of Sciences, Society for Experimental Biology and Medicine, and the American Academy of Tropical Medicine; corresponding member of the Société de Pathologie Exotique and honorary member of the Harvey Society, Alpha Omega Alpha, and Sigma Xi. He was pathologist emeritus at the Children's Hospital, where since 1947 he was director of the division of nutritional research, pathologist emeritus and consultant at the Boston Lying In Hospital and Free Hospital for Women, and pathologist emeritus at the Peter Bent Brigham Hosptial and Infants' Hospital. He was consultant to the Atomic Energy Commission division of biology and medicine and the Armed Forces Institute of Pathology, and chairman of the board of health of Sudbury. For many years he was on the editorial board of the *Archives of Pathology*, the July, 1940, issue of which was dedicated to him by his pupils and associates. He was the author of "New Growths and Cancer," medical papers, and monographs on Rocky Mountain spotted fever and typhus and joint author of "Etiology and Pathology of Typhus."

Maes, Urban ⊕ New Orleans; born in New Orleans Oct. 12, 1878; Medical Department of Tulane University of Louisiana, New Orleans, 1900; in 1906 appointed professor of operative surgery at his alma mater and held this position until 1913 when he became assistant professor of clinical and operative surgery; in 1917 was granted a leave of absence from Tulane and entered the Army with the rank of captain; assigned to Base Hospital no. 24; promoted to major and chief of the surgical service; in the early part of 1918 served in Limoges, France; from July to November, 1918, served in the front lines as assistant surgical consultant, First Army Corps; in 1919 was discharged as a full colonel; in 1922 was appointed professor of clinical surgery at Tulane, remaining in that position until 1932, when he became professor of surgery and director of the department at Louisiana State University School of Medicine, where since 1947 he held the title of professor emeritus; an oil portrait of him was presented to the school by the 1945 graduating class; since 1929 member of the advisory committee on scientific exhibits for the American Medical Association and from 1920 to 1923 was secretary of its Section on Surgery, General and Abdominal, and in 1923-1924 chairman; in 1943 vice-president of the American Surgical Association; in 1931 vice-president of the Society of Clinical Surgery; treasurer from 1922 to 1927 and first vice-president in 1930 of the Southern Surgical Association; member of the Western Surgical Association and the American Association for Thoracic Surgery; fellow, and from 1928 to 1932 member of the board of governors of the American College of Surgeons; member of the founders group of the American Board of Surgery; consultant at the Touro Infirmary, where in 1948 a bronze plaque was given by the hospital in honor of his half century of work at the hospital, Charity Hospital, and the Veterans Administration Hospital; in 1938 received the degree of doctor of science from Louisiana State University; died in the Touro Infirmary March 15, aged 75, of chronic bronchiectasis and congestive heart failure.

Ormsby, Oliver Samuel ⊕ Glencoe, Ill., clinical professor of dermatology (Rush) emeritus, University of Illinois College of Medicine, Chicago, died April 9, aged 80, of pneumonia. Dr. Ormsby was born in Logan, Utah, March 21, 1874, and graduated from Rush Medical College, Chicago, in 1895. Since 1901 he practiced in Chicago, specializing in the treatment of diseases of the skin. For many years Dr. Ormsby was chairman and clinical professor in the deparment of dermatology at Rush Medical College, and at the time of his death he held the title of clinical professor of dermatology (Rush) emeritus, University of Illinois College of Medicine. A specialist certified by the American Board of Dermatology and Syphilology, Dr. Ormsby was chairman of the Section on Dermatology of the American Medical Association, 1919-1920, a past president of the Institute of Medicine of Chicago, Chicago Dermatological Society, and the 10th International Congress on Dermatology. In 1951 he was elected an honorary member of the American Dermatological Association. He was a member of the Congress of American Physicians and Surgeons, American Academy of Dermatology and Syphilology, Chicago Pathological Society, and the American Roentgen Ray Society; corresponding member, section on dermatology, Royal Society of Medicine, London, corresponding member, Société française de Dermatologie et de Syphiligraphie, Paris, Swedish Dermatological Society, Deutsche Dermatologische Gesellschaft, Munich, and Dansk Dermatologisk Selskab, Copenhagen; honorary member of Asociación Argentina de Dermatologiá y Sifilologiá, Buenos Aires, Wiener Dermatologische Gesellschaft, Vienna, Japanese Dermatological Society, Tokyo, Greek Union of Dermatology and Venereology, and Hellenic Antivenereal Society, Athens. In 1901 he joined the medical staff of Presbyterian Hospital, where for many years he was head of the department of dermatology. At one time Dr. Ormsby was dermatologist at the West Suburban Hospital in Oak Park, St. Anthony's Hospital, and the Home for Destitute Children and served as dermatologist to the Orphan Asylum of the City of Chicago. Dr. Ormsby was the author of "Practical Treatise on Diseases of the Skin," was joint author with Dr. Hamilton Montgomery of

⊕ Indicates Member of the American Medical Association.

"Diseases of the Skin" and "Skin and Venereal Diseases," and wrote numerous papers in his specialty that were published in periodical medical literature.

Allan, Sarah Campbell, Charleston, S. C.; Woman's Medical College of the New York Infirmary for Women and Children, New York, 1894; died Feb. 25, aged 92, of coronary thrombosis.

Boone, William Henry, Durham, N. C.; North Carolina Medical College, Davidson, 1902; chairman of the board of trustees of Elon College; died in Watts Hospital Feb. 16, aged 83.

Bowles, Wilhelmina B., Chicago; Meharry Medical College, Nashville, Tenn., 1922; died in Miami, Fla., March 3, aged 63, of coronary occlusion.

Bridges, Benjamin Lloyd ⊕ Thomaston, Ga.; Bennett Medical College, Chicago, 1914; died in the Upson County Hospital March 7, aged 70, of coronary thrombosis.

Brown, Benjamin, Philadelphia; Jefferson Medical College of Philadelphia, 1912; served as medical director of the Philadelphia school system; died Feb. 12, aged 68, of chronic myocarditis and hypertension.

Brownfield, William Henry ⊕ Los Angeles; St. Louis University School of Medicine, 1913; specialist certified by the American Board of Obstetrics and Gynecology; fellow of the American College of Surgeons; at one time associate professor of gynecology at College of Medical Evangelists; affiliated with Los Angeles County Hospital and the California Hospital, where he died Feb. 1, aged 63, of cerebral thrombosis and arteriosclerotic heart disease with decompensation.

Bryant, Frederick Otis, Chester, Pa.; University of Pennsylvania Department of Medicine, Philadelphia, 1896; died in the Chester Hospital Dec. 29, aged 82, of acute coronary thrombosis.

Burros, Albert Asher ⊕ Philadelphia; Temple University School of Medicine, Philadelphia, 1920; instructor in pediatrics at Jefferson Medical College for many years; member of the Philadelphia Pediatric Society; died in Graduate Hospital of the University of Pennsylvania Feb. 22, aged 58, of myocardial infarction.

Crosby, Nathaniel Hanscom ⊕ Milo, Maine; University of Vermont College of Medicine, Burlington, 1891; past president of the Piscataquis County Medical Society; served as health officer, county medical examiner, superintendent of schools, and president of the Milo Rotary Club; died Dec. 29, aged 89, of uremia and chronic nephritis.

de Bere, Clement Joseph ⊕ Chicago; Rush Medical College, Chicago, 1922; specialist certified by the American Board of Proctology and the American Board of Surgery; member and past president of the American Proctologic Society; on the staff of St. Luke's Hospital; died in Evanston (Ill.) Hospital March 11, aged 66, of arterial thrombosis.

Degenhardt, Robert Dietrich ⊕ New York City; University and Bellevue Hospital Medical College, New York, 1927; died in Sarasota, Fla., Jan. 30, aged 50, of coronary heart disease.

Dunning, Thomas Snively ⊕ Strafford, Pa.; Hahnemann Medical College and Hospital of Philadelphia, 1904; died Feb. 12, aged 77, of lobar pneumonia and cardiac failure.

Frazier, Worthy Wallace, Goodman, Mo.; Lincoln Medical College of Cotner University, Lincoln, Neb., 1896; died Feb. 28, aged 79.

Fuchs, Jacob Nathan ⊕ Trenton, N. J.; Long Island College Hospital, Brooklyn, 1906; died in the Hospital of the University of Pennsylvania, Philadelphia, Dec. 9, aged 70.

Fuller, Erlan G. ⊕ Gardner, Ill.; Northwestern University Medical School, Chicago, 1898; an Associate Fellow of the American Medical Association; died Feb. 19, aged 78, of acute coronary occlusion.

Guin, James Claud ⊕ Moores Bridge, Ala.; University of Nashville (Tenn.) Medical Department, 1909; died Feb. 18, aged 74, of acute coronary occlusion.

Gushee, Edward Stockbridge ⊕ Wallingford, Conn.; Harvard Medical School, Boston, 1903; fellow of the American College of Surgeons; for many years attending surgeon at the Lying-In Hospital in New York City; died in Meriden Feb. 22, aged 80, of arteriosclerosis.

Hack, Edmund Carl, Hammond, Ind.; Bennett Medical College, Chicago, 1911; affiliated with St. Margaret's Hospital, where he died March 13, aged 66, of arteriosclerosis and angina pectoris.

Hardy, Walter ⊕ Ardmore, Okla.; Missouri Medical College, St. Louis, 1893; fellow of the American College of Surgeons; past president of the Carter County Medical Society; formerly associated with the Indian Service; owner of the Hardy Sanitarium, where he died Feb. 17, aged 83, of cerebral hemorrhage.

Hicks, William Lawrence, Philadelphia; Hahnemann Medical College and Hospital of Philadelphia, 1903; for many years on the faculty of his alma mater; served on the staff of the Cooper Hospital in Camden, N. J., Hahnemann and Children's hospitals and St. Luke's and Children's Medical Center; died Feb. 3, aged 77, of coronary thrombosis.

Hirsch, John Joseph ⊕ Wallington, N. J.; Universität Zürich Medizinische Fakultät, Switzerland, 1938; served in the European theater during World War II; on the courtesy staff of the Hackensack (N. J.) Hospital, where he died Feb. 9, aged 44, of coronary disease.

Houser, Helen ⊕ Taylor, Pa.; Woman's Medical College of Pennsylvania, Philadelphia, 1915; a director of the Lackawanna County Tuberculosis Society; served as medical inspector in Taylor borough public school; died Jan. 17, aged 61, of cirrhosis of the liver.

Hoyer, William Dallas, Sandusky, Ohio; Ohio Medical University, Columbus, 1900; formerly health officer; affiliated with Good Samaritan and Providence hospitals; died Feb. 22, aged 78, of myocardial infarction.

Hunter, Matthew Charles ⊕ New Orleans; Ohio State University College of Medicine, Columbus, 1916; served overseas during World War I; during most of his medical career served with the Veterans Administration; retired Jan. 31, 1953; died in the Veterans Administration Hospital Feb. 12, aged 64, of cerebral vascular accident.

Inksetter, Frank Stewart ⊕ Sellersville, Pa.; University of Pennsylvania Department of Medicine, Philadelphia, 1905; died in the Abington (Pa.) Memorial Hospital Dec. 31, aged 72, of coronary thrombosis.

Jackson, Edward ⊕ Milwaukee; Bennett Medical College, Chicago, 1915; on the staffs of Mount Sinai Hospital and Milwaukee Hospital where he died Dec. 25, aged 65, of generalized arteriosclerosis and hypertensive heart disease.

Jacocks, Richard Copeland, Belhaven, N. C.; Leonard Medical School, Raleigh, 1902; died Jan. 9, aged 77, of coronary occlusion.

Kaufman, Ernest Leslie ⊕ Fort Atkinson, Iowa; State University of Iowa College of Homeopathic Medicine, Iowa City, 1905; on the staff of St. Joseph's Hospital; died Jan. 14, aged 84, of bronchopneumonia.

Knight, Samuel Graham, Randall, Minn.; University of Toronto Faculty of Medicine, Toronto, Canada, 1908; died in St. Gabriel's Hospital, Little Falls, Jan. 5, aged 84.

Krout, George Elmer ⊕ Jacobus, Pa.; Jefferson Medical College of Philadelphia, 1908; died Dec. 22, aged 73, of carcinoma of the neck.

Large, Hiram Lee, Rocky Mount, N. C.; Medical College of Virginia, Richmond, 1917; senior member of the state board of health; first health officer of Rocky Mount; past president of the Edgecomb-Nash Counties Medical Society; served on the staff of the Atlantic Coast Line Hospital and the Park View Hospital, where he died Jan. 29, aged 62, of cerebral hemorrhage and hypertension.

Lawson, John Thomas ⊕ Bowie, Texas; Memphis (Tenn.) Hospital Medical College, 1899; past president of the Texas State Board of Medical Examiners, of which he was a member for many years; formerly member of the Texas A. & M. College directors, College Station; served as city health officer; affiliated with Bowie Clinic Hospital; vice-president of the Security National Bank; died Dec. 12, aged 77, of coronary thrombosis.

Lund, LeVal, Los Angeles; College of Physicians and Surgeons, medical department of the University of Southern California, Los Angeles, 1916; specialist certified by the American Board of Ophthalmology; served during World War II; affiliated with Hollywood Presbyterian Hospital and the California Hospital; died Jan. 31, aged 62, of carcinoma.

McClung, John E., Corsicana, Texas; University of Tennessee Medical Department, Nashville, 1897; died Nov. 4, aged 78, of leukemia.

McConnell, James Emmette ⊕ Baton Rouge, La.; Louisiana State University School of Medicine, New Orleans, 1940; died in Our Lady of the Lake Sanitarium Feb. 2, aged 38, of a heart attack.

McKee, John Forsythe ⊕ Johnston City, Ill.; Vanderbilt University School of Medicine, Nashville, Tenn., 1901; St. Louis College of Physicians and Surgeons, 1902; served as president of the Williamson County Medical Society and the city school board; died Feb. 23, aged 80, of cerebral hemorrhage.

Mansfield, Max Ramsey ⊕ Coral Gables, Fla.; Indiana University School of Medicine, Indianapolis, 1937; served during World War II; on the staffs of the Jackson Memorial Hospital, Mercy Hospital, and Variety Children's Hospital in Miami; died Jan. 20, aged 43, of acute coronary occlusion.

Messenger, Harold Clay ⊕ Xenia, Ohio; Medico-Chirurgical College of Philadelphia, 1914; member of the American Academy of General Practice; chairman of the Greene County Selective Service Board during World War II; served during World War I; affiliated with the Ohio Soldiers' and Sailors' Home Hospital; died in the Miami Valley Hospital, Dayton, Feb. 23, aged 63.

Morton, Matthew Taylor ⊕ Estherville, Iowa; State University of Iowa College of Medicine, Iowa City, 1917; third district councilor of the Iowa State Medical Society; past president of the Emmet County Medical Society; served during World War I; affiliated with the Holy Family Hospital, where he died Jan. 30, aged 63, of arteriosclerotic heart disease and cerebral embolism.

Neier, Oliver Clay ⊕ Indianapolis; Rush Medical College, Chicago, 1890; an Associate Fellow of the American Medical Association; died in the Methodist Hospital Feb. 6, aged 89.

Peterson, Olaus L., Cokato, Minn.; University of Minnesota College of Medicine and Surgery, Minneapolis, 1905; served as mayor and as member of the board of education; died in the Cokato Hospital Jan. 30, aged 81.

Pratt, Nathan Tolles ⊕ Old Saybrook, Conn.; Yale University School of Medicine, New Haven, 1904; served on the staff of the Bridgeport (Conn.) Hospital; died Jan. 3, aged 82, of cerebral hemorrhage.

Ramay, Allen Emery, Water Valley, Miss.; Northwestern University Medical School, Chicago, 1939; served during World War II; interned at the Charity Hospital in New Orleans, where he served a residency; died Feb. 7, aged 40, of coronary occlusion.

Reasons, W. Bunion, Hermitage, Ark.; Georgia College of Eclectic Medicine and Surgery, Atlanta, 1909; past president of the Bradley County Medical Society; for many years served on the board of the Hermitage School District; instrumental in the esetablishment of and affiliated with the Bradley County Memorial Hospital in Warren, where he died Jan. 20, aged 78, of malignancy of the throat.

Rich, John Calvin, Candler, N. C.; University of Nashville Medical Department, 1908; served as a member of the county board of education and county board of health; for many years member of the local school board; died in Asheville Feb. 4, aged 77.

Rikli, Arthur Richard ⊕ Naperville, Ill.; Rush Medical College, Chicago, 1907; secretary of the Du Page County Medical Society; affiliated with St. Charles and St. Joseph Mercy hospitals and Copley Hospital in Aurora, where he died Feb. 2, aged 76, of subphrenic abscess and pulmonary embolus.

Rindge, Milo Pember ⊕ Madison, Conn.; University of Wooster Medical Department, Cleveland, 1904; health officer of the town for many years; past president of the New Haven County Medical Society and the New Haven County Public Health Association; at one time president of the Madison Trust Company; died Jan. 19, aged 82, of a cerebral accident.

Robinson, Kelly De Van, Detroit, Mich.; Howard University College of Medicine, Washington, D. C., 1918; bacteriologist at Herman Kiefer Hospital since 1944; died in the Rosary Hill Home in Hawthorne, N. Y., Dec. 12, aged 61, of carcinoma of the colon.

Rothschild, Norman Stanley, Philadelphia; University of Pennsylvania School of Medicine, Philadelphia, 1912; formerly assistant professor of surgery at the University of Pennsylvania Graduate School of Medicine; member of the founders group of the American Board of Surgery; chief surgeon, Albert Einstein Medical Center, Northern and Eastern Division; died Feb. 20, aged 64, of acute coronary thrombosis.

Ryan, James Francis ⊕ Providence, R. I.; College of Physicians and Surgeons, Baltimore, 1909; on the staff of St. Joseph's Hospital; died Jan. 28, aged 72, of cerebral thrombosis.

Ryan, Robert A. ⊕ Mountain Grove, Mo.; Chattanooga (Tenn.) Medical College, 1903; died Jan. 2, aged 79, of mitral stenosis.

Santurello, Thomas Dominicus, Columbus, Ohio; Ohio State University College of Medicine, Columbus, 1924; member of the American Academy of General Practice; served during World War II; formerly member of the state board of cosmetology; affiliated with Mercy Hospital, St. Francis Hospital, St. Ann's Hospital, and the Grant Hospital, where he died Feb. 13, aged 56, after an operation for appendicitis.

Sargent, George Bancroft ⊕ Lawrence, Mass.; Harvard Medical School, Boston, 1894; an Associate Fellow of the American Medical Association; served as assistant medical examiner for Essex County; affiliated with Lawrence General Hospital, where he died Feb. 11, aged 83, of carcinoma of the colon with metastasis to liver and lungs.

Sasko, Martin Pavel ⊕ Chicago; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1912; on the staff of the Southtown Hospital, where he died March 6, aged 81, of cerebral hemorrhage, hypertension, and arteriosclerosis.

Savage, Richard Stephen ⊕ Brookhaven, Miss.; Tulane University of Louisiana School of Medicine, New Orleans, 1928; member of the American Trudeau Society and the Industrial Medical Association; past president of the Tri-County Medical Association; on the staff of the King's Daughters Hospital; died Feb. 19, aged 50.

Schneider, Edward Paul ⊕ Canton, Ohio; St. Louis University School of Medicine, 1942; entered the Mayo Foundation as a fellow in surgery in March, 1945, and left in July, 1949; since that time practiced in Canton; member of the Alumni Association of the Mayo Foundation and of Phi Sigma; affiliated with Mercy Hospital; died Feb. 10, aged 36, of coronary thrombosis.

Scigliano, Frank Pietro, Somerville, Mass.; Tufts College Medical School, Boston, 1926; affiliated with Cambridge (Mass.) City Hospital and the Somerville Hospital; died in the Peter Bent Brigham Hospital, Boston, Jan. 26, aged 53, of coronary disease.

Scott, Marvin ⊕ Headland, Ala.; Birmingham Medical College, 1905; died Feb. 3, aged 74, of coronary occlusion.

Scudder, Walter Howard ⊕ Mayersville, Miss.; Louisville (Ky.) Medical College, 1887; secretary of the Issaquena County Medical Society in 1922; president of the Issaquena-Sharkey-Warren Counties Medical Society in 1934; for 25 years county health officer; died in Mercy Hospital, Vicksburg, Jan. 15, aged 92, of coronary thrombosis.

Sharp, James Renwick ⊕ Oil City, Pa.; University of Pittsburgh School of Medicine, 1910; fellow of the American College of Surgeons; past president of the Venango County Medical Society; member of the American Fracture Association and the American Association of Railway Surgeons; on the staffs of the Oil City Hospital and the Polk State School; died Feb. 1, aged 71, of diabetes mellitus.

Sharp, John Preston, Akron, Ohio; Hahnemann Medical College and Hospital of Philadelphia, 1915; affiliated with the Veterans Administration; died Jan. 18, aged 60, of myocardial infarction.

Shearer, Monteville D. ⊕ Tellico Plains, Tenn.; University of Nashville Medical Department, 1905; for many years president of the Citizens Bank of Tellico Plains; died in Sweetwater Nov. 21, aged 78, of a malignant tumor of the kidney.

Shelver, Henry Julius, Ortonville, Minn.; Northwestern University Medical School, Chicago, 1910; died in the Veterans Administration Hospital in Fargo, N. D., Jan. 3, aged 69, of cerebral thrombosis.

Shores, Harvey Towle, Bernardston, Mass.; Harvard Medical School, Boston, 1894; served on the staff of the Cooley Dickinson Hospital in Northampton; died Jan. 30, aged 84, of cancer.

Shortt, William H. ⊕ Erie, Pa.; Jefferson Medical College of Philadelphia, 1904; died in the Hamot Hospital Jan. 13, aged 75, of acute pulmonary edema.

Shy, James Claude ⊕ St. Louis; University of Colorado School of Medicine, Denver, 1943; served an internship and residency at St. Louis City Hospital; on the staffs of the Marian Hospital and the Missouri Baptist Hospital, where he died Jan. 22, aged 35, of bronchopneumonia and diabetes mellitus.

Simpson, Sutherland Eric Rognvald ⊕ Watertown, N. Y.; Harvard Medical School, Boston, 1925; certified by the National Board of Medical Examiners; fellow of the American College of Physicians; member of the American Trudeau Society; for many years medical superintendent of the Jefferson County Sanatorium; on the staffs of the House of the Good Samaritan and Mercy hospitals; died Jan. 8, aged 55, of cerebral arteriosclerosis.

Sincock, Willey Edgar ⊕ Caribou, Maine; Medical School of Maine, Portland, 1891; died Jan. 12, aged 86, of cerebral hemorrhage and hypertension.

Skaggs, Gilbert Burton, Sulphur Springs, Ark.; Kansas City (Mo.) College of Medicine and Surgery, 1918; past mayor of Sulphur Springs and was serving on the city council at the time of his death; died in Prairie Grove Jan. 28, aged 60, of acute hemorrhagic pancreatitis.

Skaggs, Thomas Reynolds ⊕ Mountain View, Mo.; St. Louis University School of Medicine, 1943; died in Christian Hospital, St. Louis, Nov. 27, aged 38, of hepatic cirrhosis and hypertensive cardiovascular disease.

Truett, Edward D., Dover, Ark.; Arkansas Industrial University Medical Department, Little Rock, 1893; died Jan. 17, aged 85.

Truitt, Ruliff Lawrence, Naperville, Ill.; Hahnemann Medical College and Hospital of Philadelphia, 1898; served as city health officer; affiliated with Copley, St. Charles, and St. Joseph hospitals; died March 7, aged 77, of acute coronary disease.

Trygar, Francis Joseph, Philadelphia; Temple University School of Medicine, Philadelphia, 1920; died in St. Mary's Hospital Feb. 1, aged 64, of Pick's disease.

Tuttle, Andrew Frier, Spray, N. C.; North Carolina Medical College, Davidson, 1901; died in Leaksville Jan. 4, aged 78, of coronary thrombosis, gangrene of the left foot, and cerebral hemorrhage.

Walker, James W., Chicago; Northwestern University Medical School, Chicago, 1893; died March 11, aged 90, of arteriosclerosis.

Wardner, Drew Mallon, Staten Island, N. Y.; Columbia University College of Physicians and Surgeons, New York, 1909; affiliated with New York City Farm Colony, where he died March 2, aged 70, of carcinoma of the rectum.

Warren, Robert Alexander ⊕ Hot Springs, Va.; University of Maryland School of Medicine, Baltimore, 1907; died in Community House Dec. 19, aged 81, of myocarditis.

Washington, Marcellus James, Austin, Texas; Meharry Medical College, Nashville, Tenn., 1924; on the staffs of the Brackenridge Hospital and the Holy Cross Hospital, where he died Jan. 18, aged 60, of hypertension.

Webster, George C. ⊕ Chester, Pa.; Hahnemann Medical College and Hospital of Philadelphia, 1893; also a graduate in pharmacy; past president of the Delaware County Medical Society; served on the staff of the J. Lewis Crozer Homeopathic Hospital; died Jan. 16, aged 95, of arteriosclerosis, myocarditis, and diabetes mellitus.

Wells, Francis Patterson ⊕ Lieut. Colonel, U. S. Army, retired, Arlington, Va.; Georgetown University School of Medicine, Washington, D. C., 1938; interned at the Georgetown University Hospital in Washington, D. C.; entered the regular Army as a first lieutenant on July 1, 1939; promoted to captain in May, 1942, and retired with the rank of lieutenant colonel on April 30, 1947; died in Fort Lauderdale, Fla., Feb. 7, aged 46, of lobar pneumonia and hemorrhagic gastritis.

Wharton, Russell Sloan ⊕ Marion, Ind.; University of Arkansas School of Medicine, Little Rock, 1929; also a graduate in law; member of the Massachusetts Medical Society, American Psychiatric Association, and the Association of Military Surgeons of the United States; served during World War I; affiliated with the Veterans Administration Hospital; died in Lima, Ohio, Jan. 25, aged 59, of coronary thrombosis.

White, Leland Orlo, Sharon Springs, N. Y.; Albany (N. Y.) Medical College, 1901; for many years village health officer, school physician, county coroner, and a trustee of the village board; died Feb. 7, aged 78, of cerebral hemorrhage.

DIED WHILE IN MILITARY SERVICE.

Foy, Eugene Thomas ⊕ Capt., U. S. Navy, Honolulu, Hawaii; born in St. Augustine, Fla., Dec. 6, 1901; Temple University School of Medicine, Philadelphia, 1928; interned at the Tampa Municipal Hospital in Tampa, Fla.; chief resident in obstetrics at Greatheart Maternity Hospital in Philadelphia in 1929 and 1930; from 1930 to 1942 served as a member of the senior surgical staff, Temple University Hospital, attending surgeon, Misericordia Hospital, member of the surgical staff at St. Joseph's Hospital, and as instructor in senior surgery at his alma mater; appointed a lieutenant commander, Medical Corps, U. S. N. R., and placed on active duty in March, 1942; served at the Navy Yard, Philadelphia, naval hospitals at Sampson, N. Y., and Jacksonville, Fla., and with Naval Mobile Hospital no. 7 in New Caledonia; released to inactive duty as a captain in October, 1946; recalled to active duty in June, 1948; served at the naval hospitals in Portsmouth, Va., and Pensacola, Fla.; appointed a permanent commander, Medical Corps, U. S. N. and a temporary captain, Medical Corps, U. S. N. in 1949; served on the staff of the Commanding General, Fleet Marine Force, Pacific Fleet, at the time of his death; fellow of the American College of Surgeons; died in the Tripler Army Hospital Feb. 26, aged 52, of coronary disease.

Neustein, Dudley Howard, Jackson Heights, N. Y.; Chicago Medical School, 1949, interned at the Metropolitan Hospital in New York; served a residency at the Kings Park State Hospital in Kings Park, N. Y., and the Veterans Administration Hospital in New York City; entered the Medical Corps, U. S. Army Reserve with the rank of first lieutenant in October 1952; assigned to the U. S. Army Hospital in Fort Campbell, Ky., where he became chief psychiatrist and attained the rank of captain; died in Scott Air Field Base, Ill., Dec. 27, aged 32, of injuries received in an automobile accident.

FOREIGN LETTERS

BRAZIL

Gentian Violet in the Prevention of Trypanosomiasis.—Since 1951, several investigators have called attention to the presence of infection by Trypanosoma cruzi in blood donors in several localities of Brazil. In their series of complement fixation tests, Pellegrino, Faria, Freitas, Passalacqua, and Biancalana reported finding 2.1 to 7.6% positive, indicating chronic trypanosomiasis. Freitas demonstrated the transmission of the disease in two patients who had received transfusions from donors whose complement fixation tests were positive. Since the performance of this test on all prospective donors is not feasible as a routine procedure, Drs. Nussenzweig, Biancalana, and Freitas began, in 1951, a series of experiments to find a drug that when added in vitro to the donor's blood, would destroy the parasite without making the blood unfit for use in transfusions. Of the many drugs tested, the best results were obtained with triphenylmethanic dyes. Recently these authors reported (*Hospital, Rio de Janeiro* **44**:731, 1953) the comparative trypanosomacidal power of basic fuchsin, rosaniline, malachite green, crystal violet, methyl violet, and gentian violet. The dyes were added to samples of mouse blood infected with a highly virulent strain of T. cruzi, and the mixtures were refrigerated for varying periods of time. The trypanosomacidal activity was determined by fresh wet blood film examinations and subsequent inoculations in mice. After a parasitological control of these animals for two months, histological preparations of organs most commonly affected by trypanosomes were examined. Twenty-four hour contact with gentian violet in 1:4,000 concentration killed the trypanosomes in infected mouse blood, but a longer contact period was necessary with lower concentrations of the dye. The trypanosomacidal activity of gentian violet in vitro is increased in an alkaline medium. The dye has no appreciable hemolytic action and no toxic effects were observed under the conditions in which it has been used. In 46 blood transfusions of 500 cc. containing 0.1 gm. of the drug, no evidence of intolerance or intoxication were observed. These findings agree with those reported by other authors who have used gentian violet intravenously for the treatment of helminthiasis and septicemia. When it is not possible to make complement fixation tests for trypanosomiasis and when it is likely that blood donors are infected with T. cruzi, gentian violet should be mixed with the blood in a concentration of 1:4,000 for a minimum of 24 hours prior to transfusion.

Suppressive Treatment of Malaria with Aniodiaquine (Camoquin).—To verify the suppressive effect of aniodiaquine (Camoquin) in the control of malaria, Drs. L. M. Deane, V. A. Sutter, J. N. Manceau, and G. C. Andrade of the Special Service of Public Health carried out experiments during a three year period in two small areas with a high incidence of malaria in the state of Pará. The experiments were reported in *Revista do Serviço especial de sáude pública* (**5**:363, 1953). The population, 640 inhabitants, was divided into two approximately equal groups; one group received weekly suppressive doses of the drug while the other served as a control group. The inhabitants were examined weekly. Blood was taken from persons with fever, and all those suspected of having malaria received a therapeutic dose of aniodiaquin. The dose varied from 0.1 to 0.5 gm. for curative treatment and from 0.1 to 0.3 gm. for suppressive purposes. During the experiments, 99 persons with blood positive for malaria were found in the control group, but only 4 carriers of plasmodia were detected in the group receiving aniodiaquine; all of them were discovered during the week following the beginning of the treatment. Three of the four carriers had gametocytes of Plasmodium falciparum, a form known to resist aniodiaquine. The striking difference in the number of positive blood smears in the two groups indicated that no new malarial infections or relapses occurred in the group receiving aniodiaquine as a suppressive, although mosquito captures revealed the presence of Anopheles darlingi in both localities during the experiments. The drug was well tolerated. Blood smears and splenic measurements, before starting and on completing the experiments, revealed no evidence of malaria in the group that took the suppressive doses and a well-marked decline in the incidence of malaria in the control group. The latter result may be explained by the reduction in sources of infection due to suppressive treatment in one of the groups and therapeutic treatment in both.

Q Fever in São Paulo.—Dr. L. R. do Valle and his co-workers reported investigations concerning Q fever in cattle and cattle ranchers of the state of São Paulo to the Associacão Paulista de Medicina. By using the specific complement fixation test, they studied the serums from 581 animals belonging to 8 different herds. Of 171 bovine serums studied individually, 16 were anticomplementary, 131 negative, and 24 positive (16 at a titer of 1:16, 5 at 1:32, 2 at 1:64, and one at 1:256). Two heifers from one of the herds had serums positive at titers of 1:32 and 1:64; they showed a drop in titer two months later to 1:8 and 1:32 respectively. All attempts to isolate Coxiella burnetti from the second bleeding of these two heifers failed. The results of the tests performed with serums from the other 14 animals of the same herd, negative in the first bleeding at a titer of 1:8, did not show significantly different results five months later. The serums of 13 of 15 ranchmen who took care of the latter herd were negative, and those of the other 2 were positive, one at a titer of 1:4 and one at a titer of 1:16. The serums of 48 of 51 other ranchmen who took care of five different herds were negative, one was anticomplementary, and 2 were positive, one at a titer of 1:4 and one at a titer of 1:16. About 40 days later, tests of a second serum from 20 ranchmen showed no significant difference from the first examination. A similar result was obtained in the study of the serums of two ranchmen of another farm when examined a second time after an interval of about nine months.

ENGLAND

Malignant Cachexia.—In his presidential address to the section of urology of the Royal Society of Medicine, which has just been published (*Proc. Roy. Soc. Med.* **47**:27, 1954), Hugh Donovan makes a plea for the recognition of malignant cachexia as a definite clinical entity. "The clinical picture of malignant cachexia is as clear cut as that, for example, of old age. Malignant cachexia is a recoverable state in certain circumstances when the primary growth is removed; clinical evidence warrants the conclusion that it is a genuine entity and that it is a generalized disease." The urologist can study the condition particularly well, as cancer of the kidney and of the testis often causes it in a comparatively uncomplicated form. The clinical findings are summed up as follows: "The unsmiling wasted face, the somewhat sallow and occasionally anaemic complexion, the languid air, the flaccid dry skin, the complete lack of energy, the loss of appetite, the history of loss of weight, and not infrequently the infection of the mouth with thrush." Loss of appetite is attributed to general failure of tone of the muscles of the alimentary tract. Secretion of hydrochloric acid is not depressed to any degree. Attempts to improve the appetite by ordinary measures are virtually useless. Such drugs as hydrochloric acid, pepsin, and so forth are almost valueless. The loss of weight is associated with the loss of appetite, but death is not due to starvation. In a small series of cases Donovan has found the basal metabolic rate to be from +16 to +20%. In a follow-up of 100 cases of renal cancer operated on more than three years before, 26 patients were still alive; 7 of these had complained of some loss of weight before operation. There is no evidence that failure of renal function is a cause of death in malignant disease unless it is associated with obstruction of

The items in these letters are contributed by regular correspondents in the various foreign countries.

both ureters. The anemia, like that of chronic uremia, is resistant to all forms of treatment. Heart failure seldom occurs. He sums up his study as follows: "In the patient suffering from advanced malignant disease, those tissues which ordinarily continue to multiply and differentiate in the body, are not very greatly inhibited, the leukocytes continue to be formed apparently normally, and an operation wound will heal fairly well. Although perhaps secretory activity is depressed, the outstanding impression beyond a doubt is of diminution of energy production behind every process in the body. This seems to me a valid clinical observation and one which justifies us in encouraging the enzyme chemist to narrow his study down to the chain of reactions which lead to energy release. The other hint would seem to be the intractable anaemia. The suggestion of Greenstein (1947) that there is a defect in the metabolism in the iron porphyrins may serve as a link between these two pointers and I think they open up a vista of lines of enquiry which are quite promising and which are engaging our attention."

Candida Albicans and Antibiotics.—The frequency of Candida albicans in throat swab specimens, sputum, and rectal swab specimens in 174 adults with pneumonia before, during, and after treatment with either oxytetracycline or sulfadiazine has been investigated by J. L. Sharp (*Lancet* **1**:390, 1954). On admission to hospital, Candida was isolated from 26% of throat specimens, 48% of sputums, and 3% of rectal specimens. The dosage of oxytetracycline, given orally for five days, was 1 gm. every six hours until the temperature had remained normal for 24 hours and then 0.5 gm. every six hours, the mean total dose being 14.2 gm. In this group the proportion of specimens with Candida rose from 16 to 42% for the throat swabs, 32 to 61% for the sputum, and nil to 59% for the rectal swabs. In the sulfadiazine-treated group, in whom the mean total dose was 37 gm. given over a five-day period, there was no increase of Candida organisms during treatment, but two to four days later the proportion of positive specimens rose from 30 to 49% in the sputum and from 5 to 20% in the rectal swabs. The presence of Candida organisms was not associated with clinical symptoms of moniliasis. It is suggested that the rather surprising increase of Candida organisms in the sputum and on rectal swabs after cessation of sulfadiazine therapy may have been due to cross-infection from patients in the oxytetracycline-treated group who were excreting large numbers of Candida organisms. The comment is added: "The dismissal of many of our patients from hospital as early as the 14th day, when they are still heavily infected with Candida, raises the possibility of infection of home contacts. Although the present study did not indicate that harmful effects resulted from the proliferation of Candida, nevertheless the exposure of young children in the home to moniliasis must be regarded as potentially dangerous."

Milk and Malaria.—Evidence is produced by F. Hawking (*Brit. Med. J.* **1**:425, 1954) to show that deficiency of *p*-aminobenzoate is responsible for the insusceptibility to infection with malaria of rats fed on milk. The addition to the milk diet of 20 mg. of *p*-aminobenzoate per kilogram of body weight per day permitted normal multiplication of the malaria parasite. Further, it is shown that the insusceptibility can be produced by maintaining rats on other diets deficient in *p*-aminobenzoate, which seems to be a growth factor for many species of malaria parasites. The deficiency in milk could also be corrected by adding folic acid, but not methionine, vitamin B_{12} or *p*-hydroxybenzoate. Comparable results were obtained with monkeys infected by Plasmodium knowlesi or P. cynomolgi. On a milk diet they were insusceptible to infection but became fully susceptible when *p*-aminobenzoate was added to the milk in amounts of 0.5 mg. per kilogram of body weight daily. Breast-fed baby rats and baby monkeys were insusceptible to such infection so long as their mothers' diet was deficient in *p*-aminobenzoate, but became fully susceptible if *p*-aminobenzoate was administered to either them or their mothers. It is suggested that the relative immunity to malaria shown by infants under 6 months of age in many parts of the tropics may be due to deficiency of *p*-aminobenzoate in their diet of mother's milk and not, as has hitherto been suggested, to immunity acquired or inherited from the mother.

Vitamin Enrichment of Margarine.—The Minister of Food has approved for publication a report presented by the Food Standards Committee. It recommends that vitamins A and D should continue to be added to all domestic margarine after the removal of margarine from rationing on May 8, 1954. Before World War II, vitamins A and D were added to almost three-quarters of the branded margarine on sale in this country; this represented practically all domestic quality margarine. When margarine was rationed in 1940, vitamin enrichment was made compulsory, the vitamin A content being set at 450 to 550 I. U. per ounce and the vitamin D content at 30 I. U. per ounce. The vitamin D content was increased to 60 I. U. per ounce in 1941 and to 90 I. U. per ounce in 1945. The committee now recommends that, as soon as margarine is no longer rationed, the vitamin A content should be between 760 and 940 I. U. per ounce and the vitamin D content should be between 80 and 100 I. U. per ounce. This is to apply to both home-produced and imported margarine. It is further recommended that a statement of the vitamin content should continue to be printed on the wrapper of all domestic margarine for retail sale. The higher vitamin A content now recommended by the committee is considered to be roughly equivalent to that of butter offered for retail sale.

A Pioneer Rheumatic Hostel.—The first hostel for persons in industry and commerce suffering from early serious rheumatic conditions that require up-to-date diagnosis and treatment has been opened in Middlesex. The hostel, Bracken Hill House, is run by the British Rheumatic Association Homes Ltd., which is a nonprofit housing society. In the opinion of the association, hostels such as this are an urgent necessity because of the shortage of hospital beds for rheumatic patients, of whom there are around 3 million in this country. Trade and professional associations of firms are making contributions that will guarantee accommodation without delay to their medically suitable nominees. The inclusive maintenance charge ranges from £4, to 15*s.* to £7, 7*s.* a week, and this charge can be met by the patient, by a seven year covenant of £150 per annum provided by the firm, benevolent funds, hospital continuation service, and the like, or by a grant from the patient's insurance company. Diagnostic and treatment facilities are provided under the National Health Service at the neighbouring Mount Vernon Hospital. At the moment, Bracken Hill House has 25 beds, but it is hoped to increase this shortly to 37.

Television and Drugs.—Sponsored television has been a topic of lively discussion in the press, Parliament, and elsewhere during the last six months. Now that the government introduced the television bill to Parliament, the *Pharmaceutical Journal*, the official organ of the Pharmaceutical Society of Great Britain, has intervened in the public discussions with a strong editorial to the effect that "medicines are not a suitable class of preparation for advertising to the public by television, and the Bill should have added to it a clause specifically forbidding the advertising of them. Making available the convincing power of television to proprietary medicine publicity (even though the methods of advertising are to be supervised by the Postmaster General) would only nurture the creation of the idea of a state of 'ill health' in the minds of susceptible persons. For only by convincing people that they have a particular kind of ill-health for which a certain medicine is held to be beneficial can a manufacturer make a market for his medicine."

Armchair Dermatitis.—F. F. Hellier (*Brit. M. J.* **1**:502, 1954) reports on two patients who "presented an identical picture of a chronic patch of eczematous dermatitis over the extensor aspect of each arm below the elbows." One was a grocer, aged 44, with such a rash of three months' duration. The rash cleared while he was on vacation and recurred on his return home. He worked with his sleeves rolled down, but at home he sat with his jacket off and sleeves rolled up, resting his forearms on the arms of his armchair. A patch test to the artificial leather of his armchair was positive. The other patient was a railway guard, aged 32, who had had eczematous patches on the extensor aspects of his forearms for two years. He also worked with his sleeves rolled down but sat in his armchair at home with his jacket off and his sleeves rolled up. In his case also, a patch test to the artificial leather of his armchair was positive.

ISRAEL

Giant Hypertrophic Gastritis.—At the Tel-Aviv branch of the Israel Medical Association, H. Steinitz recently reported three cases of giant hypertrophic gastritis. This condition is rare, and until now most cases have been misdiagnosed and treated as malignant tumors. The first of Steinitz's patients was a 58-year-old man who in 1928 had suffered from a duodenal ulcer. After treatment, no roentgenologic signs of the ulcer could be seen. In 1954, he was treated for chronic nephritis. Although he had no gastric complaints, roentgenograms of the stomach were made. These revealed a large defect on the greater curvature. This was seen in repeated examinations and was thought to indicate a malignant tumor. Gastroscopy revealed giant reflexive hyperemic folds in the middle portion of the stomach on the greater curvature. No ulcers were seen. A diagnosis of giant hypertrophic gastritis was made and later confirmed at the operation. Histological examination revealed severe papillary hypertrophy with signs of inflammation.

The second patient was a 35-year-old man with a history of pyrosis, hyperacidity, and epigastric discomfort that recurred at intervals beginning in 1937. Roentgenograms were thought to show a malignant tumor. Repeated gastroscopic examination revealed findings similar to those described in the first case. No operation was performed. The third patient was a 69-year-old woman who underwent a partial gastrectomy because of a duodenal ulcer in 1944. Since then there had been acute exacerbations of gastric pain and nausea. Roentgenograms revealed a constant oval defect proximal to the anastomosis, with interruption of the gastric folds. This finding was interpreted as a result of a malignant growth. During the operation, severe hypertrophic gastritis without any sign of a malignant tumor was found. This was postoperative giant hypertrophic gastritis. Gastroscopy in such cases is an important means of differentiating between malignant and benign lesions.

Foliandrin in Geriatric Practice.—Foliandrin, the cardiac active glucoside of the Nerium oleander leaves, has been used by Dr. H. Droller (*Dapim Refuim* **12**:292, 1953) in patients with congestive cardiac failure due to ischemic heart diseases, the commonest type of heart failure in elderly persons, and in slightly younger patients with congestive failure due to cor pulmonale. Treatment with Foliandrin was comparable to that with any potent digitalis preparation. Foliandrin acts quickly and is quickly excreted with little or no cumulative action. There was a notable absence of toxic symptoms, and only one patient vomited after an experimental overdose of the drug. Even this patient was able to tolerate Foliandrin again in therapeutic doses within a few days. The diuretic effect is marked and probably superior in this respect to digoxin that also has speedy action and excretion. The usual initial dose was 0.4 mg., followed by 0.2 mg. every eight hours, until the pulse rate falls to within 60 to 80 per minute. Thereafter the dose was adjusted individually.

Since digitalis is less beneficial in "high output failure" due to emphysema with regular rhythm, the expectation of the Foliandrin effect in chronic or acute cor pulmonale was not very high. Foliandrin has been tried in seven such patients, but the results were unsatisfactory. The drug had some effect on the vital capacity in these cases, but it was less than that of theophyllin. Digitalis and Foliandrin lower the auricular pressure in cor pulmonale. Consequently the venous filling pressure will fall and with it the cardiac output, and, therefore, the effect of Foliandrin in cor pulmonale is not satisfactory. Foliandrin should not be given in cases of acute cor pulmonale.

Femoral Artery-Ascending Aorta Arteriography.—The percutaneous femoral artery-ascending aorta arteriography with the Seldinger needle and catheter was recently introduced by S. Schorr into the diagnostic x-ray department of the Hadassah University Hospital, Jerusalem. By this method an accurate positioning of a polyethylene tube is possible, and this permits selective abdominal and thoracic aortography. This technique has proved valuable in the diagnosis of congenital heart disease. The thoracic aorta is well visualized, and the exact location of the stenosed area in coarctation of the aorta is well established. Abdominal masses, especially retroperitoneal masses are well circumscribed for diagnostic and deep x-ray therapy. According to last year's experiences, percutaneous retrograde aortography is far superior to lumbar aortography. Good visualization of the thoracic aorta and exact positioning of the lip of the catheter for urographic or hepatolienographic studies are always possible. An additional advantage is the easy and almost free positioning of the patient. Moreover, the catheter may remain in the aorta for a long time, and repeated studies of various vessels are possible. Twenty milliliters of a 70% solution of iodopyracet (Diodrast) is used for each injection. A maximum dose of 80 ml. in four injections was used for the same patient, with 15 minute intervals between injections.

Spermine.—While working on the concentration of antibiotic substances in various body fluids, R. Rozansky, J. Gurevitch, A. Brzezinsky, and B. Eckerling of the department of clinical microbiology, Hebrew University Medical School, Jerusalem, found that human semen checked the growth of Micrococcus pyogenes var. aureus (Staphylococcus) in vitro. They used 24 samples of semen and found the growth of three different strains of Staph. aureus was checked. Using the cup method, an inhibition zone of 12 to 17 mm. was observed. The inhibition was due to the seminal plasma and not to the spermatozoa. Seminal plasma after centrifugation and plasma of azospermic, oligospermic, and normospermic specimens produced equal inhibition zones. The antibacterial principle was thermostable and was not destroyed by temperatures up to 90 C (166.7 F). This bactericidal agent was identified with spermine. Ox semen, which does not contain spermine, had no inhibitory effect on the bacterial growth. The bactericidal effect is not limited to Staph. aureus. In collaboration with U. Bachrach and N. Grossowicz, the authors found that the bactericidal effect of the spermine was also present against nonmultiplying bacteria, e. g., Neisseria meningitidis, N. gonorrhoeae, and Bacillius anthracis. The action of spermine increases gradually with the pH of the medium. A change in pH from 6.2 to 8.75 reduced the amount of spermine required to obtain complete inhibition of Staph. aureus from 1,000 mcg. per milliliter to 2 mcg. per milliliter.

ITALY

Lymphosarcoma and Lymphatic Leukemia.—The Rome branch of the Italian Society of Hematology met in the medical clinic of the University of Rome. Professor Bompiani was chairman of the opening session. Professor Di Guglielmo discussed the correlations between lymphosarcoma and lymphatic leukemia. These two diseases are considered identical because it was believed that either one of them can change into the other and that they are histologically identical. He demonstrated, however, that a differential diagnosis between the two processes is possible. He showed microphotographs of smears, lymph node biopsy specimens, pleural puncture specimens, spleen puncture (performed immediately after the patient's death) specimens, and the autopsy findings in a case of lymphosarcoma that he had studied. He explained the morphological characteristics of the malignant cells present in these specimens and pointed out first the abnormal and varying dimensions of the cells, the predominance of the nucleus, their increased staining quality, basophilia, and vacuolation. He pointed out that the basophilia is related to an abnormal quantity of ribonucleic acid in the cytoplasm, which is not found in similar amounts in patients with lymphatic leukemia.

The main structural element of the basophilic cell is represented by microsomes that can be seen only under an electron microscope and clumps of heterochromatin, which constitute the mass of the nucleus. Nuclear proteins also pass into the cytoplasm. The nucleus is large, deeply stained, and rich in nucleic acid, which is the main element of genic proteins and therefore of cells with an abnormal proliferative activity. The dynamic character of the abnormal proliferative activity is represented mainly by the so-called restlessness of the nucleus, which is rich in granulations, nucleoli, and abnormal clumpings of chromatin.

Professor Di Guglielmo said that "endomitosis" is not limited to the production of an abnormal type of cell with a very large nucleus, but it always ends in an "exoamitosis," which causes the successive production of daughter cells with many characteristics of their own. Not all of these cells are differentiated as they would be if they were elements of the lymphatic type, and there are no lymphoblasts or lymphocytes but only new and smaller reticuloendothelial elements. He showed a series of microphotographs that pointed out the various cellular transitions, especially the phases of "endoamitosis" and "exoamitosis." They showed clearly the individuality of the cells that were involved in the process and that could be differentiated from elements of the lymphatic group. He then cited biochemical evidence in support of his morphological findings in lymphosarcomatous cells and that exclude the possibility that they are part of or will later become part of the picture of leukemia.

Emotional Reactions in General Medicine.—At a meeting of the Medical Society of Varese in July, 1953, Professor Ponticaccia discussed the importance of emotional forces in the process of recovery from disease. He examined the nature of the organic defenses and described the role of the central and peripheral nervous system, especially the diencephalon, thalamus, and mesencephalic nuclei in the coordination of the related mechanisms. He spoke of the anatomic and functional relationships between the cerebral cortex, as representing the ideological and volitive functions, and the underlying nuclei, as representing the emotive and vegetative functions. He showed how ideation and volition eventually act on the centers and pathways of the autonomic nervous system.

In discussing the much debated question of the nature of emotions, he said that, between the intellectualistic and the somatic doctrines, he prefers one that will admit the intervention of the whole human being in its somatopsychic unity in every psychic, "ideative," and emotive phenomenon. In fact, from a psychoemotional reactivity of the elements that constitute the diencephalon-thalamus apparatus derive the various neuroses and affective psychoses and, with the contribution of other coefficients, many of the diseases that are today so common among civilized people living in large communities. This can be said of essential hypertension, allergies, gastric and duodenal ulcers, colitis, and dystonic cholecystopathies; these are all diseases that involve the cortical and subcortical centers and, therefore, the emotive forces. He criticized the psychoanalytic interpretation of these diseases, mainly because psychoanalysis attributes them to remote causes that are deeply seated in the subconscious rather than, as he believes is true of most cases, to causes that are derived from the environment and the external conditions of life in which the patient lives.

According to Professor Ponticaccia psychoanalysis for the common patients is not easy to carry out with a close cooperation between the physician and the psychoanalyst; beside this it may cause many inconveniencies. For this reason he believes in the classic psychotherapy carried out by a physician who has the required knowledge and the right personality and who can make use of the organization of modern institutes in hospitals.

Public Health in Italy.—During an interview with the news editor of ANSA (published in the Jan. 2, 1954, *ANSA News Report*) Senator Tessitori, commissioner of the Italian public health service, spoke of some of the public health problems of Italy during 1953. Although the statistical data have not yet been completed for all the cities with more than 100,000 inhabitants, he said that the mortality in the general population was less than 10 persons per 1,000 and that the infant mortality will probably be less than 60 per 1,000, with a 7% decrease over that of 1952. Poliomyelitis had an epidemic course with more than 5,000 cases; the average annual rate was 3,000 cases during the previous decade. The department of public health intervened during the epidemic to secure, in addition to the commonest prophylactic measures, an early hospitalization of the patients in the various centers so that deformities could be prevented by timely medical, physical, and orthopedic therapy.

The incidence of diphtheria also increased during 1953; 14,000 to 15,000 cases are reported every year, and the fact that physicians do not fulfill their obligation of immunization and follow-up inoculations is responsible for this high incidence. The incidence of typhoid and brucellosis was also relatively high. The main public health measures were directed against tuberculosis, trachoma, and infant mortality. To decrease the infant mortality, some centers were instituted in the main pediatric clinics of universities for the hospitalization of premature infants; the activity of centers for the prevention of erythroblastosis fetalis was also increased.

SWEDEN

Infections in Children's Hospitals.—In the past decade, several children's hospitals have been built in Sweden, their structure and management reflecting the most modern concepts of hospital hygiene. Dr. Fritz Karlström and Dr. Nils Tunestam of Karlstad have investigated the behavior of nosocomial infections in these modern hospitals by making a statistical study of the records of the children's department of the Karlstad Central Hospital that was opened in May, 1943, with 52 beds for children up to the age of 15. Between May, 1943, and the end of 1952, 8,038 children were treated as inpatients in this hospital in which the staff were trained to report whenever they showed any sign of infection. They were then isolated, and all who worked in the infants' department had to wear masks. Visitors were admitted only for one hour on Sundays, but no special measures were taken for the chemical disinfection of air. Their results were published in *Svenska läkartidningen* for Jan. 22, 1954. One table shows how the nosocomial infection rate fell from 15.6% in 1943 to 3.5% in 1952. This rate varied greatly from year to year, being 10.4% in 1944 and 17.1% in 1946. In the last four years, it has been remarkably low and comparatively constant. This fall is probably due in large part to the administration of sulfonamides and antibiotics, although they were not much used as a prophylactic measure. As was to be expected, the infection rate fell as the age of the patients rose, and the advantage enjoyed by the older children in this respect would probably have been greater had they benefited from the relatively effective isolation of the younger patients. Another table deals with the character of the different nosocomial infections and shows that over 62% of them were localized in the upper respiratory tract. In the same table, dyspepsia occurred in 12.5%, otitis media in 2.9%, and skin infections in only 0.7%. In another table, the nosocomial infection rate is shown to be highest in the winter and lowest in the summer months. The authors calculated what these infections cost the hospital by prolonging the patients' stay, and they conclude that the growing use of antibiotics was largely responsible for the effective prevention of nosocomial infections.

Bacterial Infections at Different Ages in Childhood.—Since 1948, Dr. G. Tunevall of Stockholm has systematically investigated the behavior of certain infections of the respiratory tract in children at different ages. In 1952, he published some of his findings as a supplement to *Acta paediatrica*. His next publication on the subject appeared in 1954 in *Nordisk medicin* in which he gave a detailed account, illustrated with charts, of his observations on the behavior of pneumococci, hemolytic streptococci, Hemophilus influenzae, and pyogenic staphylococci. The behavior of the specific antibodies to these germs at different ages in childhood was also studied. Swabs were taken from 125 patients with infections of the respiratory tract from the nose to the lungs, from 120 with maxillary sinusitis, and from 309 with otitis media. Serving as controls were 383 children who had none of these infections. Each of the germs was found to have a predilection for a special age, and it was noted that the antibody titers, as well as the ability to produce antibody in acute infections, rose with the increasing age of the child. This development proceeded at different rates for different antibodies. Tunevall pleads for a bacteriological and immunological approach to the problems of the commoner infections at various ages in children, and he quotes the observations published in 1949 by Ström and his colleagues who found that, in patients with scarlatina (fourth disease), early antibiotic treatment greatly reduces the formation of antibodies. Tunevall was impressed by the value of bacteriological and immunological control of infections of the respiratory tract, and he suggests that, when such infections are relatively mild, it may be well to be cautious in the administration of antibiotics lest they interfere

with the normal processes of antibody formation. Such abstinence from antibiotics should not, however, be extended to patients in whom purulent complications threaten.

Chair of Clinical Experimental Allergy.—A memorandum addressed to the Second Chamber of the Swedish Parliament proposed the creation of a professorship in clinical experimental allergy at the Caroline Institute. The allergic diseases have become so common and represent such serious impairment of the nation's health that they require special facilities for their study and treatment. Asthma, hay fever, nettle rash, eczema, and migraine together are about three times as common as tuberculosis, commoner than peptic ulcer, and as common as diseases of the joints or hypertensive disease. Asthma is said to be five times as common as rheumatic heart disease and twice as common as articular rheumatism. Between 1948 and 1951, the attendances for occupational skin diseases at the skin polyclinic of the Caroline Hospital were tripled (rising from 350 cases in 1948 to 1,000 in 1951). These figures are an underestimate as they apply only to skin diseases classed as occupational from the legal point of view. In the national schools of Stockholm, 1.37% of the scholars suffer from asthma and 0.41% have great difficulty in their school work because of asthma. The wealth of new synthetic substances provided by modern industrial undertakings has greatly added to the risk of eczema and other allergic phenomena both at home and in factories. Since 1947, the Caroline Institute has had an allergist, and, when this appointment fell vacant in 1953, it was urged that the occasion should be taken to create a professorship of clinical experimental allergy as of July 1, 1954. While there has been some difference of opinion over this proposal, all are agreed in principle on the advisability of promoting research and teaching with regard to allergic diseases.

By-Products of Mass Radiographic Surveys.—The mass radiographic surveys that have been carried out in Sweden since 1946 have yielded valuable information about intrathoracic disease other than tuberculosis. The quarterly journal of the Swedish National Association Against Tuberculosis has recently contained some of these findings. Of 717,780 persons examined, 1,874 were found to have disease of the cardiovascular system (2.6 per 1,000 persons examined). The persons found to have tumors of the lungs numbered 247 (0.34 per 1,000 examined). Silicosis was found in 166 persons (0.23 per 1,000) and pulmonary sarcoidosis in 156 persons (0.22 per 1,000). In many of these cases, medical or surgical treatment was instituted on the strength of these findings. The discovery of new or overlooked cases of tuberculosis remains the main objective of mass radiography that since 1946 has led to the discovery of more than 14,000 new cases of tuberculosis among a total of more than 2 million persons examined. Co-operation between the civil authorities and the armed services has led to a weeding-out of many cases of tuberculosis from the latter, and a recent report by Dr. Curt E. Westman shows that such co-operation has led to the discovery of intrathoracic disease in 5 recruits for every 1,000 examined. Four of these 5 persons suffered from pulmonary tuberculosis in various stages, and for every 1,400 recruits tested by mass radiography one was found to be in need of immediate sanatorium treatment.

TURKEY

Congenital Atresia in the Choana.—In *Dirim*, vol. 28, no. 5, Professor Atav and Dr. Burad described two cases of congenital osseous complete bilateral obstruction of the postnasal orifices. A 3-day-old infant was brought to the hospital because it was unable to nurse, had breathing and swallowing difficulties, and kept its mouth open constantly. On examination its mouth, tongue, and pharynx were found normal. The nasal orifices were filled with secretion that was cleaned out by aspiration. Rhinoscopy did not reveal anything abnormal, but milk dropped into the nostrils did not pass into the pharynx. Probing with a fine tube and stylet revealed complete bilateral obstruction. The fibrous obstruction was pierced with a trocar, an esophageal sound was introduced, and the infant recovered after five days. A follow-up after nine months showed that the intervention was a success. The second patient was a 35-year-old farmer who had never breathed through the nose. He had not been breastfed. During childhood he was weak and sickly and always had a running nose. The skin on his upper lip was always red and often inflamed. He slept with his mouth open and breathed heavily. In the military service, he had several unsuccessful operations and after two years was discharged as unfit for further service. Anterior and posterior rhinoscopy showed that the sound did not reach the nasopharynx, that colored solution did not pass into the pharynx, and that the patient had complete congenital choanal atresia. With the man under local anesthesia and by commencing at the central portion of the nasal septum, all bones of the nasal cavity including those behind the edge of the vomer and those on both sides of the posterior walls were removed. The mucous membranes of the septum were sutured back to back and those leading to the choana narium were vertically incised. The cavum nasi was plugged with iodine gauze for 48 hours, and within a few days the patient was able to breath freely through the nose.

Embryonal Carcinosarcoma.—In *Anadolu Klinigi*, Dr. Faruk Çaglar described a patient who recovered after excision of an embryonal carcinosarcoma. The patient, a 7-year-old boy, had had intermittent hematuria since he was 2 years old. Gradually a soft painful swelling developed on the left side of his abdomen, and, because of an intermittent fever, he was later given malaria therapy. The pain in the abdomen increased, and the swelling hardened and grew to the size of a child's head. The quantity of urine decreased and again showed traces of blood. The boy was taken to the hospital where he was described as pale and apathetic. He weighed 17.5 kg. His temperature was normal. A large, hard, immobile tumor in the left lumbar region extended to the left hypochondrium, filled the epigastrium, and extended to the left iliac fossa. Traube's semilunar space was obliterated. The erythrocyte count was 1,940,000; the leukocyte count was 12,500; and the hemoglobin level was 55%. The Casoni and Weinberg tests were negative. Radiological examination revealed no metastases in the liver or bones. The tumor was excised while the patient was under ether anesthesia, and one month later at the time of discharge the patient weighed 18 kg. The pathologist confirmed the diagnosis of embryonal carcinosarcoma. This tumor occurs most frequently in children and usually has its beginning at the age of two years on the right side, though in this case it developed on the left and had not given rise to any complications.

Typhus.—In *Tip Dünyasi*, vol. 24, no. 5, Dr. Ülker reported the results of his investigation concerning the serologic types of 130 patients with sporadic typhus from 1947 to 1950. Three types of organism were tested. The Weil-Felix tests showed the following results. Sixteen gave positive reactions to X19 at a titer of 1:400; 19 at a titer of 1:200; and 3 at a titer of 1:100. The remaining 92 had negative reactions. Fifteen gave positive reactions to XL (São Paulo) at a titer of 1:400 and 21 at a titer of 1:100 of which one had a slightly positive reaction at a titer of 1:400. There were 94 negative reactions. One gave a positive reaction to X2 at a titer of 1:400 and 35 at a titer of 1:50. There were 94 negative reactions. The results of 30 Wassermann tests were also negative. Thirty-six guinea pigs given the Neil-Mooser blood serum test during the febrile period of 36 patients with typhus had negative reactions. Anadolia and eastern province laboratories sometimes reported positive reactions to these tests. Inoculation tests on 14 guinea pigs did not produce perivascular nodules in the arteries of the brain. The typhus epidemics, especially those in the eastern provinces during World War I, had a disastrous effect on the Turkish Army and the çivilian population. Sporadic outbreaks are now few and the mortality rate is low. The monthly incidence is 10 to 20. The author believes the current cases of typhus are not of the classic type. This view is supported by the fact that, according to clinical, serologic, and animal investigations and considering the case fatality rate, the current cases of sporadic typhus reveal a latent specific character.

Compound Monstrosity.—A primipara in Samsun on the Black Sea coast delivered a child with three heads, two pairs of arms, and two pairs of legs. The infant lived for two hours. Autopsy revealed four lungs, three livers, three brains, two hearts, and two kidneys that were adult size. The parents were normal.

CORRESPONDENCE

PROPHYLAXIS OF ALLERGIC DISEASE IN THE NEWBORN

To the Editor:—In a recent letter in the correspondence section of THE JOURNAL (154:262 [Jan. 16] 1954) and in an editorial in the *Journal of Allergy* (25:57 [Jan.] 1954), Drs. Lowell and Schiller have critically commented on our experiments on the prophylaxis of allergic disease in early infancy (*J. Allergy* 24:434 [Sept.] 1953; *J. A. M. A.* 153:620 [Oct. 17] 1953). Their criticisms, for the most part, from the standpoint of theoretical statistics, are valid. We recognized that we had not conducted an ideal experiment in that we did not in advance randomly choose which infants were to be in the "experimental group," the "sibling control group," and the "nonrelated control group." This we did because, to the best of our knowledge, there was no way to conduct the experiment in a theoretically ideal manner. The situation resembles the state of affairs of investigations designed to show a connection between smoking cigarettes and lung cancer. Such an experiment cannot be carried out ideally in the society in which we live. It might be done in a totalitarian regime. It would be necessary to select randomly and in advance a city of reasonable size. Children who had never been exposed to cigarette smoke would have to be chosen in a random manner and divided into two groups; in one of the two groups the children would be taught to smoke cigarettes at a certain age and in the other they would be so policed that they would not smoke cigarettes or be exposed to cigarette smoke. After a given period, say 20 years, both groups would be killed and autopsies done. In this manner one might hope to satisfy even the most critical theoretical statisticians as to whether or not smoking cigarettes causes lung cancer. The fact that it is not possible for such a problem to be worked out ideally does not mean that all the present investigations, pro and con, with respect to a possible relationship between cigarette smoking and lung cancer should be completely disregarded. Ultimately evidence in one way or another may be so conclusive that to disregard it would be to reduce the problem to an absurdity.

Drs. Lowell and Schiller also commented that the time over which our experiments were carried out is not stated. One of the paragraphs in our article indicates that the infants were followed from a period of 3 months to 10 years or more, the largest group (45) having been followed from 2 to 5 years. These authors have indicated in the strongest possible terms the importance of our findings, if correct. It is, therefore, rather unfair of them to infer that we sought some other group of controls because we had some doubts about the reliability of the sibling control study. If our conclusions have the tremendous significance attached to them by Drs. Lowell and Schiller, it is evident that no precaution should be omitted to establish as many varieties of controls as possible. We fully realized this and, therefore, worked out a control group of infants unrelated to our experimental group. This was done by going serially through our records selecting as controls infants with a background similar to those in our experimental group and followed at least a corresponding period of time. These infants came to our office in a truly random manner, as we did not in advance invite the parents to put their children in our care; therefore, it seems fair to regard this as random sampling, although at the time we did not think of it as such. If a girl infant in the experimental group had a father with asthma, a mother with hay fever, and a brother with eczema, it was attempted to find her counterpart in an unrelated family. This, as can be imagined, was a task of tremendous proportions. It took 11 months to review the records of 4,710 children in 1,215 allergic families. Of this number, we found 175 children suitable for such a control group. The results of the study showed a remarkable correlation between the sibling control group and the unrelated control group. Major allergies were shown to have developed in 15% of the experimental group as compared with 64% in the sibling control group and 52% in the nonrelated control group.

Drs. Lowell and Schiller also point out what they consider a major contradiction in our conclusions, namely, that, of the infants in the experimental group in whom major allergies later developed, a significant number did so as a result of sensitivity to cow's milk. We have never stated that the omission of cow's milk from the diet of the newborn will permanently prevent the development of allergy to it; that would be in contradiction to what is definitely known about food allergy. The comment of Drs. Lowell and Schiller does, however, highlight the fact that cow's milk in infancy is an allergen of high sensitization potential, a fact with which internists, such as our critics, could not be expected to be familiar, particularly since it has long been overlooked by the majority of pediatricians.

We submit that the most important factor in any kind of investigation is the application of good common sense. One could well imagine what would have happened if Jenner, for example, in his work on the prophylaxis of smallpox, had applied the principles of investigation so strongly advocated by our critics. Yet, in planning in advance such work as Jenner's, it would theoretically be an ideal situation for the application of such principles. In the course of our experiments, we recognized the problems involved and discussed them at length with our statistician. To the best of our ability we did not allow prejudices to influence us in the selection of the nonrelated control group. We honestly do not feel that the chance prejudices were enough to be misleading. The final judgment of the wisdom of this conclusion will come perhaps only when the weight of each bit of evidence, such as we presented as our work, is checked by others (each bit being subject to the same criticism) and is overwhelmingly in favor of or in contradiction to our conclusions.

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PRIORITIES FOR HOSPITAL ADMISSIONS

To the Editor:—The hospital I serve has been able to successfully solve a problem that has been perplexing many hospital administrators, medical staffs, and communities. It is the challenge of admitting patients on the most equitable basis. The situation confronting most hospital administrators is the demand for hospitalization in the face of bed shortages. Because of these demands, most administrators have found themselves in the harassing position of meeting pressures brought to bear on themselves, on their board of trustees, and on the hospital's medical staff by community members who seek to influence their own or their friends' early hospital admission. If the community member making such an imperative request is the wife of a member of the board of trustees, the brother of an officer of the medical staff, a friend who has donated $5,000 to the hospital in its building campaign, or a person of no prominence who is equally ill as all the rest, who should be given admission preference? Each feels that his request is one that demands immediate attention and action, and, yet, what administrator can properly and equitably make such a decision?

In solving this problem in the face of popular demands for service that have frequently resulted in a daily occupancy of 100% or over and in reducing "pressurizing attempts" to almost a zero point, our hospital's administration and medical staff have utilized a system that affords equity on a common level of consistent application. It is the most just and humane system—one in which the determining criteria are considerations of medical needs. By using this system, the acutely or emergently ill are provided with immediate hospitalization. Those, the urgently ill, who medically can afford a short wait are given next consideration. Those whose nonurgent illness would not be affected by a longer wait receive attentions after provisions have been made for emergently and urgently ill patients. The declaration of the category into which each patient being admitted is included is made by the person most qualified to do so—the patient's own physician.

Although, by and large, a high level of cooperation has been consistently maintained by medical staff members in making this category declaration, community and personal pressures made on these physicians, and the human factors involved, sometimes result in deviations in the so-called honor system. Therefore, our self-governing and self-policing medical staff—assisting the hospital in protecting the rights of patients and the criteria of admission on the basis of medical need—has set up a screening committee to evaluate the declarations of illness category. This committee consists of members of the various medical and surgical specialties, appointed by the president of the medical staff, who examine the various category declarations given by the physicians.

The procedure by which our screening committee has met the problem of admission on a medical need basis is as follows: A physician, calling for an accommodation in what he feels is an emergency situation, is given the name of the physician-member of the screening committee on duty for the day, if the need is a medical one; if the situation involves need for surgery, he is given the name of the surgeon-member of the screening committee on duty. He then immediately contacts the proper screening committee member, explains the emergent situation, and generally receives approval for inclusion of his patient on the emergency list for immediate priority admission. After the patient's admission, the attending physician fills in an "emergency" form, which then becomes a permanent part of the chart and is subject to later review. If it is the considered opinion of the consulted member of the screening committee that the situation does not warrant emergency admission, and the need for such decision has become less and less frequent, the request for admission on the urgent list is then made by the attending physician. This procedure involves the filling out of a special "urgent" request form in the admitting office prior to the patient's admission. This form is reviewed by the member of the screening committee in his daily routine scrutiny of all such requests. On receipt of approval, the patient's name is then placed on the urgent list, in chronological order, and the patient is admitted as quickly as possible from that list. Should the screening committee feel that the situation is not urgent, it indicates referral to the nonurgent (or elective) list.

All requests for admission for medical service on a nonurgent basis are made by the completion by the attending physician of a "nonurgent" request form in the admitting office, and these forms are subsequently reviewed by the member of the screening committee on duty in his daily routine check of all urgent and nonurgent applications. Should the committee member feel that there is some doubt as to the necessity of hospitalization, the attending physician is asked for clarification and additional information. The request is then reevaluated by the committee member on duty for the day, and, if necessary, it is referred to the chairman and the whole committee for consideration. Admissions from the medical nonurgent list are made only in chronological order. For surgical nonurgent (or elective) admissions, the attending physician or surgeon need fill in no form. Paralleling operating room time and bed accommodations are given in accordance with the patient's turn on the nonurgent surgical list.

The medical staff has set up an additional audit in the reviews of the medical records committee and its two subunits; the survey committee reviews the charts of all "emergency" admissions and the records committee reviews all urgent and nonurgent medical and surgical charts, except those of routine tonsillectomy, obstetric, and newborn patients. The very occasional impropriety is referred to the executive board of the medical staff for consideration of action against the offending physician or surgeon.

Through judicious and consistent application of the policy of admission on the basis of medical need, the Jewish Hospital Association has been able to impartially and fairly discharge its obligations to those it serves, without members of the board of trustees, the administration, or the medical staff being placed in the distressing position of making a decision in favor of one ill person at the possible medical expense of another.

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CHILDREN AND PSYCHIATRIC PROBLEMS

To the Editor:—As a psychiatrist who has spent some years in the general practice of medicine, I was impressed by your editorials in the Feb. 6, 1954, issue of THE JOURNAL, "Children as Surgical Patients" and "Nocturnal Enuresis." The first recognizes the potential psychiatric implications of surgical operations performed on children who are not emotionally prepared. From the psychiatrist's standpoint THE JOURNAL itself has taken "a gigantic step forward" in advocating that the medical profession and hospitals should "routinely issue instructional leaflets to parents of children who are about to become surgical patients." In general hospitals, where the psychiatrist is part of the medical team, his recommendations in such leaflets and in consultation with surgeons could do much to prevent the development of neurotic consequences of surgical procedures—even of the common tonsillectomy—in children already predisposed to anxiety by disturbed parent-child relationships.

The editorial on nocturnal enuresis, on the other hand, is not comprehensive. It does not mention in detail what is known today about enuresis as part of a psychiatric syndrome in children, although it does state descriptively that the causes of nocturnal enuresis "range from laziness to psychic disturbances." The fact that should be stressed to the practitioner, in order to convey a true picture of this common problem, is that 97% of the children who have enuresis as a symptom are emotionally maladjusted. The editorial comments at length on procedures designed to treat bed-wetting as such. This is, in effect, treatment of a symptom, rather than the recognition and truly effective therapy of the underlying personality disorder. The true picture, as established in the psychiatric literature for many years, is that enuresis is symptomatic of an underlying personality maladjustment that is rooted, and expressed, oftener than not, in the child's family difficulties. His unconscious conflicts and anxieties are expressed as well in the form of nightmares, neurotic symptoms, inhibitions in school work and in play groups, and a number of other emotional manifestations. Since many enuretic children are in this category, adequate treatment now, when clinic and private facilities are available, calls for psychiatric evaluation and therapy.

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CONGENITAL BILATERAL CHOANAL ATRESIA

To the Editor:—I wish to add a footnote to Dr. James Walker's article on transpalatine surgery for congenital bilateral choanal atresia (*J. A. M. A.* **154:**753 [Feb. 27] 1954), in which he describes therapy for the majority of these defects in which there is bony obstruction. In the minority of these cases, in which the block is membranous only, serial dilatation with polyethylene catheters in progressively larger sizes may be successful. The larger catheters may be left in the nose as airways and their lumens kept open with small catheters (no. 8 to 12 F. indwelling and no. 20 intravenous catheters for cleaning).

The case in point is that of a patient cared for at the Deaconess Hospital here recently. This baby was in acute distress, with cyanosis relieved only by crying, shortly after birth. The nose was not patent to any catheter of the usual sort used for aspirations of the newborn; the block was encountered about an inch inside. A no. 20 F. intravenous polyethylene catheter was used as a probe, and it was literally forced through the obstruction on the left side. Air then came through the catheter, and some of the distress was relieved. A similar attempt was successful on the right side after about an hour of repeated attempts. Both catheters were left in to serve as airways; they were held firmly by the tissue. Dr. John Hammerel carried out serial dilatations with progressively larger plastic catheters over the next two weeks. The larger sizes were cleaned with no. 20 intravenous tubing, as needed, and left indwelling. After two weeks of this, they were removed one at a time. The nose remained patent. To date, the nostrils are both patent. There is a tendency for excess mucus to accumulate, but this problem has been easily handled with vasoconstrictors and gentle suction.

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BUREAU OF HEALTH EDUCATION

PHYSICIANS AND SCHOOLS

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Medical care for school children is a professional responsibility of the physician. Conduct of school health programs is an administrative responsibility of schools and health departments. Responsibility for the health and well-being of the individual child rests primarily with his parents and to a lesser degree with his community. To be truly effective, all of these agencies, professions, and persons must work together in the interest of child health.

On four occasions—1947, 1949, 1951, and 1953—the Bureau of Health Education of the American Medical Association has sponsored national conferences on physicians and schools at Highland Park, Ill. These conferences have been based on the principle that the cooperation of medicine, education, and public health is a basic necessity in the school health program. To stimulate this cooperation and to draw related interests into broad planning for school health, a representative was invited to each conference from each state and territorial medical association, health department, and education department. Leaders in school health, professionally qualified in medicine, education, or public health, and a number of representatives of national health and education agencies were invited to participate as consultants. To promote discussion of big city health problems at the fourth conference in 1953, representatives were invited from the medical societies, health departments, and education departments of 18 large cities in the United States.

At each National Conference on Physicians and Schools a series of school health problems is carefully considered by discussion groups that include all of the professions concerned. In this way agreement has been established on principles and policies that are being effectively introduced into the actual school situation in individual school districts.

RESPONSIBILITY FOR CHILD HEALTH

The concept that the primary responsibility for a child's health rests with his parents has always had general acceptance. There is now equal acceptance of the principle that the family physician is in the best position to provide the protective medical services, counsel, and advice, as well as treatment that may be needed to insure the optimum physical and mental condition for obtaining an education. Even where there is a school physician, the family physician who intimately knows the children in his practice is best able to serve their needs. The physician in private practice can be of greater service to his child patients if he becomes acquainted with the school health program and understands the objectives toward which the agencies concerned with child health are working. He is then better able to participate in the professional aspects of the school health program in accordance with the plans that his medical society has evolved in collaboration with health and education departments.

THE FAMILY PHYSICIAN'S ROLE IN HEALTH APPRAISAL

The family physician participates in all phases of the school health program. Health examination is one of his most frequent points of contact. This is part of the appraisal of physical and emotional status conducted periodically throughout school life. The first health appraisal during school years is made on entrance into kindergarten or first grade. This may be considered a continuation of the health evaluation the physician has been giving the child throughout infancy and pre-school life with the added participation of school personnel. Health appraisal is ideally a team responsibility, especially after the child enters school. Teachers screen vision and hearing and weigh and measure children under the nurse's guidance. The nurse and teacher both record their observations of the child's appearance and behavior, and parents report their observations. These data and observations become collectively the cumulative record and health history that supplements the physician's observations and examinations and aid him in appraising the child's health status and needed care.

An appraisal, including a review of the daily continuous observations recorded by the teacher, the interpretations of the nurse, the results of annual screening tests, and the physician's examination and recommendations is suggested at about three-year intervals. In many communities it has been found convenient for these medical examinations to be performed when the child first enters school, when he reaches third or fourth grade, and again when he is in sixth or seventh grade, ninth or tenth grade, and twelfth grade. In areas in which enough personnel and facilities make more frequent appraisal possible, it can well be done; if, however, limited facilities make even this program impossible, it is better to sacrifice quantity for quality and have fewer but better examinations. In addition to periodic health appraisals, special groups need special supervision. Children engaged in vigorous physical activity or sports programs and those needing work permits should be examined by the physician at least annually. Ill or injured children should return to sports participation only on advice of the family physician and under the careful observation of the teacher or coach. Children who are ill, are not progressing in school, appear to be unwell, or otherwise come to the attention of the teacher or the nurse because of peculiarities of behavior or appearance should be referred through the family to their physician for examination between periodic health appraisals.

Frequently an individual physician, concerned as he is with care of the sick, not only overlooks the opportunity to practice preventive medicine in regard to his child patients but disregards an even greater opportunity to teach these children to understand and appreciate the place of the privately practicing physician in our social structure. It is only by having the child in his office, talking with him about health as well as disease, and helping the child to understand and like physicians that the child will develop the habit of seeking a private physician when in need.

SCHOOL HEALTH RECORDS

A health record to be used for the benefit of the child is necessary. Data concerning the physical and mental characteristics as well as the school progress of the child normally flow between the parent and the school as well as between the school and the parent. Likewise, there is a channel for flow of information between the physician and the school as well as between the school and the physician. There is also a certain amount of interchange of data regarding children among school personnel concerned with the health and behavior of children as well as among community agencies concerned with health, education or welfare. Because of the confidential or privileged character of personal health information and because of lack of information on how other persons or agencies may use health data, physicians have been reluctant to make the results of their examinations, and the recommendations based upon them, available to school personnel. This has sometimes caused schools to feel the need for their own examination programs in which physicians are employed to appraise children for the benefit of the school, duplicating or replacing the work that might better be done by the family physician.

Classroom teachers, physical education teachers, home room teachers, health coordinators, school nurses, and—in the relatively few places in which they are available—school physicians, have an unusual opportunity to observe the appearance and behavior of children on a continuing basis. In many places such school personnel now record their observations so that when children come before their family physician at the time of health appraisal or on referral for illness, the physician's observations may be supplemented by long-term recorded observations by others skilled in observing children. Likewise schools that receive the family physician's recommendations for handling the child in the school can be more effective. Detailed data that the physician obtains during his examination are not necessary in a school record. The essentials are the principal findings, recommendations regarding adjustment of the school program to health needs, and suggestions in respect to rest, physical activity, and the like. This can be interpreted by the school physician or the school nurse, who, being acquainted with educational

procedure, can arrange to adjust the school program to meet the needs of the individual child.

The basic health record found in the school contains identifying information, the personal history of diseases and immunizations, an interpretation of the examination by the physician and dentist, a record of the teacher's observations, and such data as may come from screening tests. These records usually are the responsibility of that person in the school who is most interested and best qualified to keep them. They are usually used in the interests of children by the nurse working with the teacher or teachers directly concerned with the child.

HEALTH SERVICE ROLES IN THE SCHOOL

Though teachers are primarily responsible for the education of the child, a portion of their educational activity is in the health field. This has to do with helping the child develop habits and attitudes that are productive of healthful living, including an understanding of the place of various community health service resources in the life of the child. It has been mentioned that teachers observe children and perform certain screening tests. Referrals based on these observations and tests will be increasingly significant as medical societies and physicians assume the obligation of helping teachers improve their ability in child observation and testing and their understanding of which children should be referred.

Working closely with the teacher is the nurse who serves the school either as an employee of a board of education or a board of health. She works closely with the physicians of the community and is the person most frequently serving in the liaison capacity between physicians and the schools. She performs a similar function between physicians and the homes of school children and between the school and the home. It is largely through the interpretation of physicians' findings and recommendations given to the teacher by the nurse in her periodic teacher-nurse conferences that teachers develop insight into the health problems of their children. It is also through the nurse's home visits and conferences with parents at school that parents are helped to understand their child's need for medical care and the necessity of prompt attention by a physician.

Sudden illness and accidents occasionally occur in every school. The procedure followed in an emergency can be very important to the child involved and must be planned well in advance to be effective. Physicians, nurses, and teachers are able to work closely together when policies and standard procedures are agreed upon by medical societies, health departments, and education departments. Several members of the faculty of each school should be trained in first aid, and they should be in a position to administer immediate assistance even though the nurse may be away from the school counseling with a parent. Each child's health record should contain the names of the physician of first and second choice to be called in case the parents are unable to be reached. Because certain injuries may require immediate hospitalization, the choice of hospital should be included, so that the child may be given prompt care even though the parent cannot be reached immediately.

In the contacts a child has with physicians, dentists, nurses, and others who are concerned with his health, conditions often are found that need correction or treatment. Other conditions, because they are not correctable, may require training so that there will be the minimum handicap. Parents occasionally are reluctant to take children to physicians for the necessary care. This makes a program of follow-up for meeting child health needs a necessary part of the school health program.

Whenever health examinations are performed by the family physician, he is in the unique position of being able to recommend and immediately institute the necessary treatment. However, when the health appraisal examination is performed by some physician other than the family physician, an extra step is involved. The physician who is expected to carry out the treatment then will have to repeat at least part of the examination in order to arrive at his own conclusions as to the desirability of treatment and the kind that might be needed. In some instances the family physician may find it tempting to comment on the inadequacy of the examination or the fact that the teacher, nurse, or physician making the referral has needlessly sent the child to the family physician's office. Though this occasionally happens, the validity of referral is reasonably high and can be made higher by physicians who help instruct those concerned as to what is significant. It is better to compliment a school for its interest in the child's health than to criticize it for having made an unnecessary referral.

PRIORITIES IN A SCHOOL HEALTH PROGRAM

Throughout the many conferences on physicians and schools there is recurring evidence that the major priorities in health service in a school health program involve:

1. Health appraisal, including teachers' observations, screening tests, and a physician's examination, with recommendations to the family and school for care of the child.

2. A planned program for the care of sudden illness and accidents happening at school that insures that proper first aid will be administered to the child while at school and that the child will be placed in the hands of the physician and hospital of his parent's choice if the parents are not immediately available.

3. Arrangements whereby the necessary health service and protection can be developed about the physical education and athletic programs, particularly in those games and sports where the hazards are relatively great.

4. The control of communicable disease and the prevention of disease spread through control of such environmental factors as water supply, sewage and waste disposal, lunch rooms, shower and locker rooms, and similar situations.

5. The encouragement of parents to obtain needed medical and dental care for children who have been found to need care by any of the health service activities in the school health program.

Though many other activities are included in the health service program of most schools, these are basic. All of them directly involve the physician but also the school or health department personnel as well.

The private physician's role in the school health program can be more meaningful and satisfying and more effective in improving child health if he is conscious of the fact that he is not alone in his interest in the health of children. Those in public health and education and in a number of other professional fields are anxious to work with him as members of the team, and he can accomplish a great deal more by working with them than by working alone.

THE MEDICAL SOCIETY IN SCHOOL HEALTH

The medical society is recognized as the spokesman for individual practicing physicians. It is therefore desirable that each local medical society create a committee within the society that is clearly identified with the school health program. Such a committee is in a position to express medicine's opinion in the joint councils that form policy, determine practice, and establish the basic plans for the school health program of the community. The committee's principal functions would be to stimulate the cooperation of practicing physicians, promote their participation in the various aspects of the school health program, and keep the profession informed as to what is going on in school health in the community.

Another major function would be to inform members of the society on what is recognized as a sound school health program so that they may give positive support not only to the program but to the development of reciprocal relations with other professional groups and community agencies. Similar committees established at the state level will give strength and guidance to the school health committees of local medical societies and will help keep all societies aware of the programs being conducted by their colleagues in other communities. This is also an excellent public relations medium. A committee on school health is in a position to interpret the school health program and the communities' thinking to the rest of the profession, as well as to interpret the thinking of the profession to the community. This gives positive guidance to school health activities in the community, which are closely related to medicine.

Another community organization tool in which physicians and their medical societies can participate effectively is the advisory school health council. This is a council of representatives of official boards of education and health, the medical and dental societies, voluntary health agencies, and parents organizations. It provides a means for jointly arriving at policies for improvement of school health services. Policies and procedures arrived at through consultation are likely to be carried out.

The council is also an effective medium for bringing all of the health resources of the community together so that needs and resources may be more effectively fitted to each other and the need for new resources determined.

Taking the cue from the national conferences on physicians and schools, many states and a number of the larger cities are developing interprofessional conferences in which at least the medical association, the health department, and the education department get together for a short period of counseling and basic planning. As a rule all three agencies, and such others as may be intimately concerned with school health, plan and execute the conference and invite as participants a selected number of representative physicians, educators, and persons of assorted professional backgrounds in public health. Such conferences have been very successful in improving interprofessional relations, assuring lines of communication, and impressing upon the community that medicine is both willing and anxious to work with others who are interested in the health of school-aged children. Most important, it is a vital factor in improving the health of school children, so that they may be better students and ultimately better citizens.

MEDICAL FILM REVIEWS

The Autonomic Nervous System: 16 mm., color, sound, showing time 39 minutes. Prepared by J. E. Markee and R. F. Becker, Duke University School of Medicine, Durham, N. C. Produced in 1953 by and procurable on loan from the National Foundation for Infantile Paralysis, 120 Broadway, New York 5.

The film shows, by use of animated diagrams and dissections, the innervation of structures by the parasympathetic and sympathetic division of the autonomic nervous system. Reel 1 demonstrates the general pattern of the parasympathetic and sympathetic innervation. It includes the origin of preganglionic fibers in the vagus, the pelvic, and the splanchnic nerves; the relative position of ganglia; and the distribution of postganglionic fibers to the thoracic, abdominal, and pelvic viscera. The composition of the esophageal and cardiac plexuses is demonstrated. Reel 2 is a more detailed study of the sympathetic innervation of thoracic and abdominal viscera. It illustrates the relative positions and connections of sympathetic ganglions and demonstrates and compares the dual innervation of pelvic and abdominal viscera, the single innervation of peripheral structures, and the innervation of skeletal muscle. Also illustrated is the relation of cholinergic and adrenergic fibers to the autonomic innervation of organs. Although there may be occasional minor criticism of some connections through the ganglions, there can be no major criticism of the over-all excellence of the teaching value of this film. The photography is satisfactory. It is especially recommended for medical school classes of the first two years.

Diseases of the Appendix: 16 mm., color, silent, showing time 17 minutes. Prepared by Hilger Perry Jenkins, M.D., Douglas Packard, M.D., University of Illinois College of Medicine, and Woodlawn Hospital. Produced in 1953 by and procurable on loan from Davis & Geck, Inc., 1 Casper Street, Danbury, Conn.

This short film is designed to augment a lecture or clinic on acute appendicitis. A few short case histories of patients with acute appendicitis are presented, and the pathological features of the appendix are shown, including the role of fecaliths in the etiology. The protective mechanisms afforded by the omentum are briefly illustrated. A case history of a patient with a mucocele and carcinoma of the appendix is presented along with the specimen. The main purpose of designing a short movie to supplement a lecture or clinic has been well achieved. The photography is good. This film is particularly adaptable for undergraduate teaching but would also be of interest to all medical groups.

BUREAU OF LEGAL MEDICINE AND LEGISLATION

MEDICOLEGAL ABSTRACTS

Malpractice: Shock Therapy and Res Ipsa Loquitur.—This was an action for damages alleged to have followed the administration of an electric shock treatment. From a judgment in favor of the defendants, the plaintiff appealed to the district court of appeal, second district, division 2, California.

The plaintiff suffered from chronic schizophrenia with hebephrenic and paranoid features with progressive mental deterioration. The incipient stages of his infirmity appeared at the age of 19. At the time of his injury in 1948 he was 32 years of age. He was, at his father's direction, treated in various institutions until 1944, when by court order he was confined in the State Hospital at Camarillo, Calif. He remained in the State Hospital until Aug. 8, 1947, when he was paroled to the Los Angeles Neurological Institute under agreement with the father that he would care for and maintain the plaintiff and cause his return to the Camarillo hospital at his own expense. Accordingly, on Aug. 8, 1947, the plaintiff was transported to the Los Angeles Neurological Institute. He had been there only three days when, with the permission of one of the defendant physicians, the father took him for a ride. He did not return the patient to the institute until Aug. 29, 1948. In the meantime the plaintiff was kept at the father's home, in a sanitarium at Downey, and in the Temple Hospital. At the latter place a lobotomy was performed in June, 1948. Following this operation the plaintiff's condition deteriorated and electroshock treatments were recommended. The father then returned the plaintiff to the Neurological Institute, reported upon the patient's condition, and consented to the administration of the shock treatments. The first shock treatment seemed to have favorable results, but during the course of the second on Sept. 1, 1948, the plaintiff suffered fractured femurs while in the convulsive state of the therapy. In suing for damages the plaintiff contended that the treatment was an unwarranted invasion of his security against the battery of another and that the treatment was negligently administered.

The evidence showed that the State Hospital at Camarillo is authorized to, and does, parole a number of patients each month. Because of the son's condition in April, 1947, the institution paroled the plaintiff to the Los Angeles Neurological Institute, a mental hospital licensed pursuant to state law, and to the father, upon the father's written agreement to maintain the son. Both the father and the institute were thereafter obligated to see that the patient received such therapeutic care as he might reasonably require, as well as sustenance, shelter, and clothing. At the time of the parole, the superintendent of the State Hospital knew that the institute was a place where medical and psychiatric care could be furnished. At the same time it was a rule applicable to all licensed mental hospitals that all patients who reside within them must be supervised and visited by a regularly licensed physician and treatments must be outlined and shown in the records. Also, during the term of the parole there was no other place authorized to furnish the plaintiff medical care. In view of the facts, it is a farfetched notion that the administration of the shock treatment to the plaintiff was an unauthorized abuse of his body, said the court. The State Hospital did all within its power to authorize the parole and to obligate both the institute and the father to render medical and custodial care to its patient. There was no want of authority in the superintendent of the State Hospital to parole the plaintiff. That official may not only parole an inmate confined for his incompetency but may parole him to a private home or sanitarium regardless of the language of the commitment so long as his parole is given "under general conditions prescribed by the Department of Mental Hygiene." Not only were no restrictions included in the plaintiff's parole, but in the letter signed by the father the latter agreed "to care for and maintain him." Because of such agreement as well as the law

requiring a father to care for and maintain an incompetent adult child, the defendants could offer no reasonable excuse not to administer to the plaintiff. By virtue of the universal rule that the parent of a minor child is vested with the power to give such consent as is necessary to enable a physician to proceed with nonemergency treatment, it is presumed that the child is not competent fully to realize the possible consequences of surgery or medical treatment. Hence, the parent, who is most concerned with the patient's well-being, is properly vested with the authority to make the decision. It should logically follow, said the court, that, where an adult child is incompetent and the parent is duty bound to maintain him, this duty should also encompass the authority to authorize whatever medical treatment may be necessary. To hold otherwise or to require the formal appointment of a guardian before an effective consent could be given to medical treatment would be to place prohibitive restrictions in the way of sound treatment for those in the miserable condition of the plaintiff. While a parent is not obliged to maintain his normal adult child, a fair interpretation of the law would compel a parent to the extent of his ability to furnish such medical and surgical care as would be reasonably required for the health and well-being of an adult child who is ill and without property. While liability for the support of the ordinary child ceases at his majority, such is not the rule where the parent is physically or mentally unable to "maintain" his adult incompetent son. When the plaintiff was paroled, the doctors at the State Hospital knew that, while he was ill and would require medical attention, he had not the intelligence to seek or find a physician and that he could not consent to the administration of any kind of treatment. If they had thought it unlikely that he would receive medical aid, certainly they would not have paroled him to the institute. The plaintiff's plan to recover on the theory of an unauthorized assault must fail. The institute had been awarded the custodial care of the plaintiff. It had the facilities designed for such treatments as were required. Under the parole contract it assumed the obligation to administer such medical aid as he might require for his safety and security. The plaintiff's father returned the boy to the institute when he found neither the lobotomy nor any medical service had caused an improvement and the father was authorized by law to engage medical aid for this adult incompetent son.

The plaintiff also contended that the doctrine of *res ipsa loquitur* applied in this case. In seeking to invoke the aid of this doctrine, the plaintiff contended that both femurs of insane patients do not break during the rendition of hospital and medical care in the absence of negligence. The only shock treatment decision cited by the attorneys in this case was a Tennessee case in which the trial court rejected the application of the doctrine of *res ipsa loquitur*. The trial court in this case did likewise. The machine used by the defendants was not defective. The convulsion was the indispensable element of the treatment. If it did not affect violently all parts of the body, it would bring no soothing effects to the mind of one in the plaintiff's condition. The trial judge acutely observed: There was no extraneous force applied; no failure of the apparatus; no explosion of an anesthetic; no leaving of a sponge within the body; no infected needle point in the gum. "The injury, the evidence shows, was foreseeable, and its possibility was a calculated risk. . . . Whether or not fractures of the bones are accepted hazards of electroconvulsive therapy, whether or not they occur, even though all the standards of procedures of good practice are observed, the manner in which such treatments are given, their purposes and their effects, what is likely or unlikely to happen in the course of their administration, what is the usual and what is the unusual consequence, and the mental and physical effect of the treatment are not matters of common knowledge with which laymen are familiar. To know about them, to evaluate them, to say whether ordinary fractures would not occur in the absence of negligence, we require the opinions of experts." The trial court's determination that there was no direct evidence of the defendants' negligence is free from error. The only evidence as to the standard of practice was supplied by the defendants. The testimony established that, in general, such standards are in a state of flux; that some practitioners utilize one nurse to assist in restraining the patient, others use as many as five assistants, but that defendants followed a middle course being of the opinion that moderate restraint is necessary. Since expert testimony established that reputable practitioners serving in the Los Angeles area used less than three attendants, it cannot be said that the use of only two would make out a prima facie case of negligence. To permit the jury to return a verdict for the plaintiff based upon such a paucity of proof would be to sanction a verdict based wholly upon conjecture and surmise. Because there was no opinion from an expert to prove that the defendants acted negligently in administering to the plaintiff in his great distress, the court correctly instructed a verdict to be returned in favor of the defendants.

Accordingly the judgment in favor of the defendant physician and institution was affirmed. *Farber v. Olkon, 246 P. (2d) 710 (California, 1952).*

BUSINESS PRACTICE

The following material is based on a public relations manual issued by the Public Relations Department of the American Medical Association.—ED.

MEDICAL RECORDS

Good case histories and thorough medical examinations pave the way to intelligent diagnosis and treatment. Because laboratory work is costly, a good doctor takes the economic status of his patient into consideration before prescribing a long series of expensive tests. Younger physicians, used to the extensive diagnostic facilities of university hospitals, sometimes rely too heavily on such tests. An older physician warns: "If you don't use your five senses and your educational background to its maximum, you will have too many patients paying large amounts of money for laboratory and x-ray procedures which will cause such an economic drain that your fees will be the 'straw that breaks the camel's back.'" The patient is entitled to know why the test is necessary, the nature of the test, and its approximate cost. A doctor can easily explain, for example: "Mrs. Gordon, I am going to do a Papanicolaou smear test. Although the results probably won't show anything, I'm sure you will feel safer to know there are no cancer cells present. The fee will probably be about $5."

Test results should be explained. Some physicians give patients a small card showing test results, which the patient can keep in his own personal "health file." Patients should be given an explanation of their condition as well as treatment. It may be a good idea to describe prescriptions, too. During his interview, the physician must evaluate the patient to determine just how much he should be told. Some want detailed explanations —others are only upset by details and want only the barest explanation. Scientific jargon should be avoided and easily understandable terms used when talking to patients. Every physician should develop a simple medical vocabulary and perfect his ability to explain clearly and concisely common medical conditions.

A doctor who merely tells his patient "not to worry about a thing" does the patient a disservice. The average person today is far better informed about medical subjects than patients of a decade or more ago. Physicians should not guarantee treatment results; malpractice actions can result if failure occurs. Understandably, a physician's blood pressure rises when a patient waves a magazine article extoling a new drug or treatment and says, "I want a shot of this! I read all about it, and it is just what I need." Usually the drug in question is still in the experimental stages. How can the doctor explain the situation and still convince the patient he is an up-to-date physician? One doctor suggests saying, "Mrs. Jones, although I haven't read that particular article, I have been following the development of that drug in medical journals. It is purely experimental as yet. When further tests have shown that it is safe to use and of benefit in conditions such as yours, I will certainly prescribe it." Most persons will accept the physician's word in such a situation, but they may not if the doctor in a burst of temper castigates the magazine for premature release of the story.

MEDICAL LITERATURE ABSTRACTS

INTERNAL MEDICINE

Cardiac Work and the Chair Treatment of Acute Coronary Thrombosis. W. S. Coe. Ann. Int. Med. **40**:42-48 (Jan.) 1954.

Determinations of cardiac work made with the patient first in the resting recumbent position and then in an armchair showed that the armchair posture reduces the work of the heart by 23%. Three patients with arteriosclerotic heart disease and three with normal cardiovascular systems (two of these were convalescing from acute infections and the third had controlled epilepsy) were studied in the basal state. The first cardiac output and pressure measurements were made after the patient had been resting in a recumbent position for 45 minutes on a heavily padded fluoroscopy table. He was then helped into a padded armchair and allowed to rest for 30 minutes, after which the cardiac output and pressure were measured again. None of the six patients showed any anxiety during the procedure. The calculated cardiac work in each patient was less when he was in the armchair than in the recumbent position. Indications are that the coronary blood flow is not reduced when the patient assumes the armchair posture and that it may even be increased as he approaches an upright position, so long as there is no postural hypotension. These findings support the clinical observation that patients with acute coronary thrombosis are often benefited by the armchair treatment. The increased hopefulness felt by the patient when he is allowed to sit up in a chair should not be permitted to mislead him into taking his condition too lightly or engaging in unauthorized activities. Transfer from the bed to the chair and back again should be accomplished with the minimum of effort on his part, and care should be taken to avoid undue compression of the popliteal space as this might lead to venous thrombosis in the legs. The chair treatment is contraindicated by the presence of shock or the appearance of symptoms of cerebral ischemia when the patient is in the chair position.

Struma Lymphomatosa: Clinical Manifestations and Response to Therapy. W. Furr Jr. and G. Crile Jr. J. Clin. Endocrinol. **14**:79-86 (Jan.) 1954.

Struma lymphomatosa, which was originally considered to be inflammatory in origin, has recently been classed by some workers as a degenerative disease. Study of 62 patients with this condition substantiated the belief that it may persist for years without change; goiter had been present for 10 years or more in nine patients and for 20 years or more in six. The presence of a goiter was the chief complaint of 42 of the patients, 90.4% of whom were women. A pressure sensation in the neck and anxiety were the primary complaints in 16 cases. Secondary complaints included pressure, hoarseness, choking, goiter, and slight tenderness. Nervousness and fatigue were present in 20%. Associated diseases were found in two-thirds of the patients, five of whom had conditions affecting the vocal cords. The thyroid was bilaterally enlarged in 39 cases and was thought to be nodular in 37. It varied in consistency, being considered hard or unusually firm to palpation in 77% of the cases. Diagnosis was established by thyroidectomy or needle biopsy, and each of the specimens obtained was roughly graded as to the degree of lymphocyte infiltration, fibrosis, and lymph node formation. Correlation of the histopathology of the goiter with its increase in size and its duration showed that marked lymphocytic infiltration was more frequent in goiters that had lately increased in size and in those that had been present for two years or less. Fibrosis did not appear to be related to the duration of the goiter. Lymph node formation occurred more frequently in the recently enlarged goiters but showed no relation to their duration. Treatment consisted of x-ray therapy, desiccated thyroid, cortisone, or combinations of these agents. The results obtained show that local symptoms can, in most cases, be controlled by cortisone and x-ray therapy, probably as a result of their lymphocytolytic action, and that desiccated thyroid is effective in maintenance doses of from 2 to 3 grains (0.12 to 0.2 gm.) daily. Surgical treatment is not often required by patients with struma lymphomatosa.

Cerebral Oxygen Consumption in Essential Hypertension: Constancy with Age, Severity of Disease, Sex, and Variations of Blood Constituents, as Observed in 101 Patients. J. H. Hafkenschiel, C. W. Crumpton and C. K. Friedland. J. Clin. Invest. **33**:63-68 (Jan.) 1954.

Hafkenschiel and associates measured the cerebral blood flow, arteriovenous oxygen difference, and cerebral oxygen consumption in 101 selected patients with essential hypertension. Mean values for cerebral oxygen up-take were calculated for patients grouped as to age, severity of the disease, and sex. The data on cerebral oxygen consumption were plotted graphically against cerebral blood flow, cerebral vascular resistance, cerebral respiratory quotient, mean arterial pressure, arterial oxygen content, carbon dioxide tension, hydrogen ion concentration, and jugular venous oxygen tension. The results obtained indicate that the oxygen requirement of the brain of a hypertensive patient is within the range of that of normal subjects and is essentially constant in selected patients of different ages and survival groups who have a normal central nervous system. Despite a mean increase of 75% in cerebral vascular resistance, the blood supply to the brain is automatically adjusted to its oxygen requirements, probably through an intrinsic mechanism that adjusts the cerebrovascular resistance to alterations of perfusion pressure and thus maintains the cerebral blood flow within the normal range. This mechanism of regulating cerebral blood flow to meet the oxygen demands does not function perfectly inasmuch as the authors observed increased cerebral arteriovenous oxygen differences when cerebral oxygen consumption was not changed or increased during induced hypotension. Such observations suggest that the increased cerebral resistance, although reversible, is not capable of complete relaxation under all conditions and that cerebral blood flow is not precisely adjusted to keep unchanged the cerebral oxygen consumption, the arteriovenous oxygen difference, and jugular oxygen tension. The evidence to date suggests that reduction in the latter to 25 mm. Hg or lower may activate chemoreceptors and initiate reflexes to restore cerebral gaseous homeostasis.

Fundamental Concepts in the Diagnosis of Sprue. R. Rodriguez-Molina. Ann. Int. Med. **40**:33-41 (Jan.) 1954.

Sprue is a deficiency state amenable to replacement therapy with liver extract, folic acid, folinic acid, and vitamin B_{12} in addition to a high protein, high vitamin, and low fat diet. Both tropical sprue and idiopathic steatorrhea, the nontropical variety, are believed to be manifestations or phases of one disease entity with a fundamental similarity in anatomic and physiological changes, clinical course, and response to therapy. Physicians living in temperate climates may occasionally apply the term idiopathic steatorrhea to a syndrome secondary to primary gastrointestinal disease. This syndrome, however, is distinct from the disease entity of unknown etiology now under consideration. Study of 100 patients with uncomplicated sprue showed that 97 complained of gastrointestinal disturbances grouped under the term dyspepsia. These disturbances, of which the most frequent were abdominal distention, epigastric distress (not necessarily related to the taking of food), heartburn, and abdominal discomfort and pain after eating, constituted the

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earliest subjective manifestations of sprue in these patients, almost all of whom belonged to the poor or indigent class of Puerto Ricans. Asthenia, weakness or prostration, diarrhea, weight loss, carbohydrate and fat intolerance, by which is meant the aggravation of gastrointestinal symptoms, especially diarrhea, after the eating of the rice, beans, and fried foods that form a large part of the daily diet of Puerto Ricans, soreness of the tongue and mouth, and anorexia were found in over 90%; 80% showed a marked degree of muscular wasting or cachexia. Neurological changes were found in only 10%. Additional diagnostic criteria consist of the presence of free hydrochloric acid in the stomach (found in more than 90% of the patients); macrocytic, hyperchromic anemia associated with a megaloblastic marrow; flat glucose tolerance curve (oral); hyperpigmentation of the skin, particularly of the face, arms, and legs; and changes in the gastric and rectosigmoid mucosa. Patients with sprue present a generally uniform clinical picture, in spite of individual variations in the intensity and frequency of the symptoms and signs. There are three principal differences between tropical sprue and that occurring in the temperate zone. 1. Clinical manifestations of hypocalcemia, though frequent in cold climates, are rarely found in the tropics. 2. Hypoprothrombinemia is more commonly encountered in nontropical than in tropical sprue. 3. The management and therapy of nontropical sprue are more difficult and the response to therapy is less rapid and effective. Small bowel dysfunction, that is, a defect in intestinal absorption, initiated by a diet deficient in animal proteins and fresh vegetables and followed by gastrointestinal disturbances leading to a variety of changes, is suggested as the basic mechanism of the sprue syndrome.

Treatment of Multiple Myeloma. R. F. Platzer. New York J. Med. **54**:103-110 (Jan. 1) 1954.

Wide variations in survival time and the occurrence of comparatively benign cases make the treatment of multiple myeloma hard to evaluate. The disease is found chiefly in men over 50 and is characterized by (1) bone pain, (2) bone deformity and pathological fragility, (3) cachexia, and (4) Bence-Jones proteins. The various forms of the disorder fall into two major groups: the plasma cell type, distinguished by small, uniform plasma cells; and the myeloid type, with large variegated myeloma cells. All the gradations of maturity between these two extremes may be found in the intermediate types. Myeloma often resembles leukemia, especially when plasma cells predominate in the peripheral blood. Some patients present extramedullary myelomatous lesions unaccompanied by changes in the peripheral blood. Lesions appearing outside the bone marrow are usually multiple and occur most frequently in the spleen, lymph nodes, liver, and kidneys (in that order), although other tissues may also be affected. Treatment in the past has generally been unsatisfactory, but excellent clinical results have lately been obtained by using corticotropin (ACTH), cortisone, and urethane in combination. Urethane, corticotropin, and cortisone are apparently capable of (1) decreasing the number of myeloma cells in the marrow, (2) lowering the concentration of abnormal proteins in the blood, and (3) arresting the development of lytic bone lesions. Urethane, however, seems to act chiefly on the more mature plasmocyte, while corticotropin and cortisone are apparently more effective against the less mature cells. Cells of both types are present in varying proportions in most cases of multiple myeloma, making the simultaneous use of both types of agents a logical procedure. Corticotropin gel is given intramuscularly in an initial dose of 40 mg., followed by 20 mg. twice a day for three days or until there is clinical improvement. The dose is then reduced 5 mg. a day until a dose of 15 mg. is reached. The patient is then transferred to cortisone, receiving a maintenance dose of 25 mg. orally each day. The initial dose of urethane, started simultaneously with the corticotropin, is 1 gm. four times a day. This is continued until the leukocyte count drops below 5,000 per cubic millimeter, after which the dose is reduced to 1 gm. a day and varied thereafter as needed to keep the leukocyte count between 2,000 and 5,000. The maintenance dose has ranged from 0.3 to 1 gm. a day. This schedule was followed in treating two patients, both of whom were enabled to return to their occupations and have been engaged in normal activities for nine and five months, respectively. The combined treatment, which seems to be the most promising now available, should be given a further trial.

Mechanism of Diabetes in Obesity: Studies on Arteriovenous Glucose Difference in Normals and in Obese Diabetics. N. Törnblom and S. Hellman. Acta med. scandinav. **147**:331-348 (No. 4) 1953. (In English.)

Continuous intravenous glucose tolerance tests were performed on 13 normal medical students and on 38 obese hospitalized patients. Of the 38 patients, 20 were normal or slightly diabetic as revealed by oral glucose tolerance tests, while 18 had definitely positive results from the tests. The continuous intravenous glucose tolerance tests consisted of determining the arteriovenous glucose difference in one arm of the examined person, while the arterial plasma glucose level was suddenly raised from normal to about 300 mg. per 100 cc. and was maintained there for three hours by means of continuous intravenous infusion of glucose. The total glucose uptake was recorded. Results of the continuous intravenous glucose tolerance tests on normal persons showed that from the 10th to the 80th minute the total glucose uptake, the arteriovenous glucose difference, and the arteriovenous glucose difference-total glucose uptake ratio remained constant. After the 80th minute the total glucose uptake rose, the arteriovenous glucose difference on the whole remained unchanged, and the arteriovenous glucose difference-total glucose uptake ratio decreased. In contrast to the normal persons, the arteriovenous glucose difference, the total glucose uptake, and the arteriovenous glucose difference-total glucose uptake ratio decreased during the first 80 minutes in the 20 obese patients with a slightly diabetic oral glucose tolerance curve; this decrease was pronounced in the 18 obese patients with a definitely diabetic oral glucose tolerance curve. It is suggested that in the obese patients less glucose is taken up by the tissues of the organism during the corresponding period; that the quotient between the amount of glucose taken up by the tissues of the organism and that taken up by the central organs of the body (the liver) becomes smaller; and that neither of these phenomena can be attributed to the absence of increased insulin activity after the blood glucose level was raised. When 80 minutes had elapsed, the total glucose uptake increased much less than in the normal persons. Evidence is furnished in support of the assertion that the diminished glucose uptake by the tissues of the organism of obese patients with a definitely diabetic oral glucose tolerance curve is the primary of the previously described changes. Obese patients with a slightly diabetic oral glucose tolerance curve occupied a position between the normal and definitely diabetic persons in these respects. A reduced glucose uptake was observed in extremities and peripheral tissues of the obese patients with diabetic oral glucose tolerance curves; the available data do not warrant any conclusions concerning the causation of this altered glucose uptake, but they agree well with Lawrence's assumption that the fatty tissues of obese diabetics have a reduced capacity for taking up glucose.

Pulmonary Tuberculosis in Congenital Cardiopathy. P. Soulié, Y. Bouvrain, J. di Mattéo and C. Rey. Arch. mal. cœur **46**:1057-1067 (Dec.) 1953. (In French.)

From the available literature and their series of 30 patients with diverse congenital cardiopathies complicated by pulmonary tuberculosis, the authors conclude that there is about 20 times more open pulmonary tuberculosis in those persons with congenital cardiopathy than in the general population. Among those with congenital cardiopathies that reduce the output of the pulmonary artery, pulmonary tuberculosis is three to four times more frequent and its evolution generally severer than among those with congenital defects that augment this output. Hypovascularization of the lung appears to be a factor favoring the development of pulmonary tuberculosis. Corrective operations such as Blalock's anastomosis and Brock's valvulotomy are indicated in certain cases with associated pulmonary tuberculosis. On the other hand, ligation of a ductus arteriosus or eventual occlusion of an interauricular communication should be deferred or even rejected.

Excretion of Urinary Pepsinogen (Uropepsin) in Peptic Ulceration and Macrocytic Anaemia. D. H. Mackenzie. Brit. J. Exper. Path. **34**:596-598 (Dec.) 1953.

Urinary pepsinogen, which appears to be identical with gastric pepsinogen, is the proteolytic enzyme of urine most active at a pH of approximately 2. It is not derived from reabsorption from the gastric lumen but diffuses directly from the peptic cells of the gastric mucosa into the blood stream. Opinions regarding the value of urinary pepsinogen assays in diagnosis differ widely. Whereas some investigators state that peptic ulcer subjects excrete pepsinogen at twice or even four times the rate of healthy persons, others consider the estimation of urinary pepsinogen of no diagnostic value. Mackenzie investigated the excretion of urinary pepsinogen in 26 normal subjects, in 25 with duodenal ulcer, in 14 with gastric ulcer, in 6 with pernicious anemia, in 3 with macrocytic anemia without achlorhydria, in one with macrocytic anemia with histamine-fast achlorhydria but which, on hematological grounds, was thought to be a nutritional megaloblastic anemia and not the true Addisonian type, and in one with aplastic anemia in whom the bone marrow showed megaloblastic degeneration. The assay appeared to be of no value in the diagnosis of peptic ulcerations. The enzyme was absent from the urine of patients with pernicious anemia. Thus the assay would be a valuable diagnostic aid in certain cases of macrocytic anemia.

Migrating Thrombophlebitis Associated with Malignant Neoplasms. L. Mirabel. Canad. M. A. J. **70**:34-38 (Jan.) 1954.

Mirabel presents four cases of migrating thrombophlebitis associated with malignant neoplasms. One patient had carcinoma of the body and tail of the pancreas, one reticulosarcoma, one carcinoma of the prostate, and one carcinoma of the stomach. In all four, recurrent thrombophlebitis or pulmonary infarction constituted the initial complaint. The diagnostic delay was as long as 12 months. In only one patient was an exploratory laparotomy undertaken. The author feels that the association of migrating thrombophlebitis with latent neoplastic disease is more frequent than is generally realized. He emphasizes that, if migrating thrombophlebitis occurs for the first time in a patient in the "carcinoma age" group, it should be considered to be due to malignant disease until proved otherwise. Even a single thrombophlebitic episode in this age group, when occurring in an ambulatory patient with no obvious underlying cause, should be considered suspicious. If a second thrombosis supervenes, or any symptoms referable to neoplasm are present, intensive investigation is indicated. If a diagnostic survey including bronchoscopy is negative, an exploratory laparotomy should be undertaken before the diagnosis of idiopathic thrombophlebitis migrans is made. On these criteria a few cases of silent carcinoma presenting with migrating thrombophlebitis in younger patients will be missed, but that may be preferable to submitting the many "idiopathic" cases to operation.

Treatment of Apoplexy. M. Hochrein. Medizinische **No. 4**:123-125 (Jan. 23) 1954. (In German.)

Treatment of cerebral apoplexy is discussed on the basis that most frequently the clinical syndrome may be the result of an acute functional disturbance of the brain with vascular genesis. In one-third of the cases, the apoplexy is conditioned by a primary vascular rupture, while, in the remaining two-thirds, the cerebral vascular spasm is elicited by a certain form of reaction of the peripheral circulation for which the term neurocirculatory dystonia is suggested. Therapy should be instituted within the first few hours after the apoplectic attack, since these hours are decisive for the survival of the patient and for the occurrence of permanent paralysis or the restoration of a relative work capacity. Beside such general measures as strict rest in bed, prevention of aspiration pneumonia by lateral position, juice diet, catheterization, regulation of bowel movements, and prophylaxis of decubitus, combating of shock by sedation of the increased excitability and by interruption of abnormal reflex mechanisms is of primary importance, and for that administration of 0.2 gm. of phenobarbital sodium once or twice daily proved very effective. Strophantin does not only improve cardiac function frequently impaired in apoplectic patients, but also exerts a favorable effect on metabolism by improving the caloric utilization. This latter effect may also be obtained with Embran, a proprietary preparation of muscle extract, that also supports the cerebral perfusion and reduces the increased lumbar pressure by 20 to 30%. Strophil, a proprietary compound of Embran and strophantin, is recommended for intravenous administration. Dehydration measures such as two to three injections of 20 cc. of a 40% solution of dextrose daily, favor the cerebral metabolism by causing disappearance of the edematous cerebral swelling with the result of rapid improvement of the clinical aspect. A similar effect may be exerted by intravenous calcium injections. Application of leeches to the mastoid process is preferred to the use of drugs for prophylaxis of thrombosis by reducing the viscosity of the blood. Blood letting with the resulting rapid drop of arterial pressure and the alteration of the autonomic tonus in the sense of a general vasoconstriction is not without risk and is indicated only in the presence of polyglobulism or manifestations of cardiac decompensation; it should be done slowly and limited to 200 or 300 cc. of blood. In severe cases associated with prolonged unconsciousness, measures to prevent pneumonia and exsiccosis are indispensable. The author cautions against the use of aminophylline for apoplexy.

Form of Genuine Hyperthyroidism (Without Exophthalmos) After Use of Iodized Bread. E. van Leeuwen. Nederl. tijdschr. geneesk. **98**:81-89 (Jan. 9) 1954. (In Dutch.)

An unusually large number of patients with hyperthyroidism (Graves' disease without exophthalmos) were seen in a region in the northern part of the Netherlands, in which iodized bread had been distributed. Since 1942 iodine prophylaxis has been employed by obliging bakers to use iodized salt. Until 1948 the salt contained 20 mg. of iodine per kilogram, but in March, 1948, this had been increased to 30 mg. per kilogram of salt. At first this bread was rationed at 1,800 gm. per person per week. It was estimated that this would provide each person with about 100 mcg. per day. Subsequently, however, rationing was discontinued, and it is estimated that many persons ate quantities of bread that would supply daily quantities of from 120 to 160 mcg. In the period between 1938 to 1949, the author observed nine patients with hyperthyroidism in the form of exophthalmic goiter. From 1949 to 1953, however, the author observed 62 patients with hyperthyroidism, of whom only 4 had exophthalmos. The author believes that the sudden appearance of hyperthyroidism without exophthalmos (58 cases) resulted from the sudden transformation of an iodine poor into an iodine rich area, as a result of which all latent cases became manifest. The author deduces from this that the classical form of hyperthyroidism, which is associated with exophthalmos, is independent of the iodine content of the soil, whereas hyperthyroidism without exophthalmos is found chiefly in iodine rich areas. In this connection the author mentions studies on the geographical distribution of goiter made by Stibbe in 1938. These studies, likewise, were suggestive of a higher incidence of exophthalmic goiter in areas that are rich in iodine. The author feels that the occurrence of hyperthyroidism without exophthalmos should be taken into consideration before iodine prophylaxis is instituted in an area.

Problem of Biliary Peritonitis Without Perforation: Report of a Case. L. Langeron, P. Langeron, G. Carlier and A. Barbry. Presse méd. **61**:1789-1790 (Dec. 26) 1953. (In French.)

The case of a 70-year-old man with biliary peritonitis is described. The following facts were noted: lack of any perforation of the bile ducts (verification at operation and at necropsy), impossibility of reflux of pancreatic juice into the bile ducts because of a terminal compression of the common bile duct, very specialized lesions of the gallbladder consisting of disappearance of the mucosa by desquamation with no inflammatory phenomena, and the existence of biliary stasis. The general condition of this man was extremely poor, and he died during an exploratory operation. In his case, infection by reflux of pancreatic juice cannot be considered. The feature that seems most important is the defective state of the gallbladder mucosa that permitted transudation of bile into the peritoneal cavity. These alterations in the mucosa have often been thought a secondary cause of bile peritonitis, but this case would seem

to demonstrate that they can be a primary cause of it, either by physicochemical changes in the bile or by the appearance of a state of permeability of the bladder wall to bile. In this case, the cause of the lesions in the gallbladder, which, together with some biliary hypertension, seem to be the origin of the accident encountered, remains unknown.

Intestinal Parasites in Food Handlers Returned from Korea. N. E. Wilks and B. Sonnenberg. Am. J. Trop. Med. 3:131-135 (Jan.) 1954.

Food handlers who were veterans who had served in Korea were considered a possible reservoir of parasitic disease when symptom-free intestinal parasite infections were incidentally discovered in Korean veterans under therapy for malaria. Subsequently, all Army personnel who had returned from Korea and who were to be assigned as food handlers at Second Army Area installations were requested to submit a series of three stool specimens to be examined for parasites and eggs. This report presents the results of stool examinations performed on 287 food handlers returned from Korea. It was found that 140 (48.8%) of these food handlers, without apparent clinical manifestations, harbored intestinal parasites varying from a single species to a mixed infection of as many as five species. All of the food handlers found to harbor parasites, pathogenic or otherwise, were treated. These men were not assigned to duties in the post messes until a series of three negative stools had been submitted by each. For the most part, treatment was successful. Hookworm and whipworm infections, however, were highly refractory to treatment. Had routine stool examinations not been conducted, these so-called "healthy carriers" would have gone undetected and would have been placed in positions that would theoretically have enabled them to transmit Endamoeba histolytica, Giardia lamblia, and Strongyloides stercoralis to susceptible persons. The frequency of apparently asymptomatic single and multiple parasitic infections in Korean veteran food handlers suggests that transmission hazards be given greater recognition.

Prognosis of Treated Hodgkin's Disease: Statistical Study Based on 182 Cases. A. Devois and R. Decker. Semaine hôp. Paris. 30:197-203 (Jan. 14) 1954. (In French.)

The authors' series of 182 patients with Hodgkin's disease consists of 89 in whom the diagnosis was made histologically or cytologically and for whom the diagnosis appears to have been well established, 50 in whom the diagnosis was made clinically with reasonable certitude, and 43 in whom Hodgkin's disease was clinically the most likely diagnosis but still slightly doubtful. The authors feel that, for establishing statistics on Hodgkin's disease, the histological criterion alone is not sufficient. Although it is one of the most important aids to diagnosis, it is often less characteristic than the clinical picture. The average figures for survival are about three years after the appearance of the first symptoms and two and one-fourth years after the first treatment. They were best in the cases of patients who had histological diagnoses. Twenty-one per cent of the survivals were of 5 years and 2 to 3% of 10 years. There were three women to every four men. There is a progressive decrease in the frequency of Hodgkin's disease between the ages of 20 and 80 years. The prognosis declines regularly between 30 and 40. The most frequent primary location was in the cervical, then in the supraclavicular and mediastinal lymph nodes. Exceptional localizations are listed—10% of the authors' patients had lesions of the bone. The frequency of hematological and general symptoms is discussed; polynucleosis is the most useful and constant sign in determining the prognosis. The cases with definite polynucleosis are severer than those without. The presence of general symptoms indicates a poor prognosis.

Gallbladder Extracts and Fat Digestion: Effect of Gallbladder Extracts on Test of Induced Hyperlipemia. C. Debray, E. Choppy, J. Aubrion and G. Faugeras. Semaine hôp. Paris. 30:204-207 (Jan. 14) 1954. (In French.)

To test the assertion made by Pribram in 1934 that extracts from gallbladder endothelium facilitate the absorption of fats, the authors studied the effect of such extracts on the induced hyperlipemia curve in 11 patients. These were all women complaining of dyspepsia accentuated in response to fats, with nausea, postprandial pain, pain in the right hypochondriac region, and tympanites. The absence of organic causes, particularly cholelithiasis, was verified radiologically. The hyperlipemia curve was determined by repeated determinations of lipemia before and after the administration of 100 cc. of olive oil through a gastric tube. During the week following the first determination of the curve, each subject was given a 5 gm. ampul of gallbladder endothelium preparation before each meal. When the hyperlipemia curves were plotted after treatment, it was found that the patients' reactions to the olive oil had become stronger and shorter-acting. The levels of lipemia before and after the hyperlipemia reaction were less than what they had been before treatment. The subjective manifestations of the patients had disappeared; the medication was excellently tolerated. The authors conclude that there is a substance secreted by the endothelium of the gallbladder that is capable of influencing fat digestion.

SURGERY

Chronic Effects of Aorta-Coronary Sinus Anastomosis of Beck in Dogs. R. W. Eckstein and D. S. Leighninger. Circulation Res. 2:60-72 (Jan.) 1954.

Eckstein and Leighninger performed the operation of Beck (*J. A. M. A.* 147:1726 [Dec. 29] 1951) involving aorta to coronary sinus anastomosis by venous graft on 28 dogs. Studies were made at various times up to one year after the operation to determine its chronic effects. Data were collected concerning the amount, source, and oxygen content of the circumflex retrograde flow, the magnitude of peripheral circumflex pressure, and the degree of electrocardiographic protection against coronary occlusion and back-bleeding with graft functioning and clamped. The amount of the flow of a definite fistula between the coronary sinus and right auricle (A-V fistula), provided by the operation, was measured as well as its effect on heart weight. Results showed that the graft in the dog with normal coronary arteries is capable of retroperfusion of the capillary bed of the left ventricle for about five weeks after which time, presumably owing to an occlusive process of the veins, it loses its functional contact with the capillary bed. Retrograde flows and electrocardiographic evidence revealed that, after five weeks, significant protection against coronary occlusion continues and is produced by the function of intercoronary collateral vessels that develop largely during the first few weeks after the operation and that persist throughout the year even though there is not arterial occlusion. The A-V fistula flow ranged from 400 to 1,500 cc. per minute with an increase in heart weight in proportion to time subsequent to the operation. The value of a few cubic centimeters of blood per minute beyond the point of a coronary arterial occlusion in affording protection to the myocardium is emphasized. Myocardial anoxia, which may stimulate the development of anastomoses, is suggested as the possible cause of intercoronary collateral growth. It is concluded that in dogs the Beck operation is protective against the major effects of coronary ligation because of retrograde capillary flow early and intercoronary anastomoses later. Reserve and caution must be exercised in application of these findings to human beings.

Bronchogenic Carcinoma with Emphasis on Early Diagnosis. A. Ochsner, P. T. DeCamp and C. J. Ray. Geriatrics 9:15-19 (Jan.) 1954.

Ochsner and associates say that in their studies on 1,122 cases of proved bronchogenic cancer they found that it occurs chiefly in older persons (sixth and seventh decades) and that 89% of the patients are men. These cancers are of three histological types—epidermoid, undifferentiated, and adenocarcinoma. Epidermoid carcinomas represent the largest group. The only curative treatment of bronchogenic carcinoma is the removal of the entire involved lung together with an *en bloc* dissection of all the mediastinal lymph nodes. The present outlook in treatment of bronchogenic carcinoma is not good. Only approximately 6% of all the patients with bronchogenic carcinoma seen by these authors are alive at the end of five years. However, of those who had resections, 15.2% are alive

at the end of five years. Lung cancer is increasing much more than cancer in other viscera, as borne out by the figures on cases determined at autopsy. In 1920, cancer of the lung represented 1.1% of all cancer deaths, in 1930, 2.2%, and 1948, 8.3%. The authors believe that this unprecedented increase is due to the carcinogenic effect of the residue from cigarette smoking, for there is a distinct parallel between the incidence of this disease and the sale of cigarettes in the United States. Furthermore, it has been demonstrated that the tar residuum obtained from cigarette smoking will produce cancer when applied to the endothelial surface of animals. It is imperative that all men past 40, who have smoked one package or more of cigarettes a day for 20 or more years, have chest roentgenograms made, preferably at three month intervals, so that, if carcinoma occurs, a diagnosis can be made while it is still limited to the lung and before symptoms appear.

Avulsed Lumbodorsal Aponeurosis and Low Back Pain. E. B. Ley and W. D. Thurston. Rocky Mountain M. J. **51**:19-20 (Jan.) 1954.

The patient whose case is presented was a 30-year-old steel worker, who gave a history of sudden pain developing in the back, bilaterally, while he was bending over pulling rails. This occurred on July 8, 1950, and the patient was treated conservatively. On Nov. 19, 1951, he consulted the authors, complaining of pain above and lateral to the posterior superior iliac spine. Walking, driving, and bending increased the pain, and it radiated into the buttock and the inner surface of the thighs. Examination revealed a small nodular mass bilaterally in the posterior lumbar triangle. These masses were tender, and pressure on them reproduced the pain. Being unable to explain this complaint on the basis of commoner causes of low back pain, the authors advised removal of the nodular masses. On Jan. 7, 1952, a transverse incision was made so as to expose both masses simultaneously. The lumbodorsal fascia was found to be torn bilaterally in the region of the lumbar triangle; through each defect protruded a mass of loose fatty tissue. As this tissue was excised, it was noted that the fatty tissue extended into the retroperitoneal space and that two fingers could be introduced into this area through what felt to be a ring-like defect in the lumbodorsal fascia. The fatty tissue was removed, and the defect in the lumbodorsal fascia closed. After this operation, the patient was free of low back pain and returned to light duty on March 10, 1952. On Aug. 14, 1952, he complained of recurrent pain in the right lower portion of the back. Examination at this time revealed a small tender nodular mass in the right lower lumbar region that was similar to the mass seen before surgery. It was assumed that the patient had a recurrence of the hernial defect. He was advised to have the mass removed, but refused. Later, however, he consented to surgical treatment by another surgeon. The findings on the right side were essentially the same as those found at the first operation. The most interesting feature of this case is the surgical anatomy of this region. One may wonder why this lesion is not encountered oftener among heavy laborers. Surgical repair probably should be more extensive than removal of protruding fatty tissue and closure of the lumbodorsal fascia. It appears that this is a weak spot in the low back and that by either injury or congenital defect this could be a source of disability. Furthermore, surgical correction of this defect should be directed at closure of the lumbodorsal fascia in three planes, if possible; and failing this, the defect should be closed and reinforced with living fascia.

Treatment of Angina Pectoris with Resection of the Preaortic Plexus ad Modum Arnulf. C. E. Prip-Buus and P. Kirketerp. Acta. chir. scandinav. **106**:292-298 (No. 4) 1953. (In English.)

Resection of the preaortic plexus using Arnulf's technique was performed with the aid of local anesthesia in 18 patients between the ages of 34 and 75 years with angina pectoris. According to Arnulf the preaortic plexus contains pain-conducting sympathetic fibers from the heart as well as vasoconstricting fibers extending to the coronary arteries from the vagus nerve. Thus removal of pain as well as vasodilatation of the coronary arteries may be obtained, provided that the latter is possible. The operation was performed by resection of the second left costal cartilage and was tolerated without difficulty even by these frail patients. Of the 18 patients operated on, one died on the fifth postoperative day from acute coronary occlusion (as revealed by necropsy) and one died from pneumonia seven weeks after the surgical intervention. Sixteen patients were alive for from 22 months to two weeks after the operation. Thirteen of the 16 patients were followed up for at least five months; results of the operation were satisfactory in 9 of the 13 patients, doubtful in 2, and complete failure in 2. Four illustrative cases are described. Although the method is not 100% effective, the authors consider it the most gentle and the most effective of all operations for angina pectoris.

Creation of Wide Autogenous Arterial Grafts from Narrow Vessels. P. Sandblom, A. Muren, G. Nordén and others. Acta chir. scandinav. **106**:309-321 (No. 4) 1953. (In English.)

A preliminary report of experiments made on dogs and presented by the authors in 1952 demonstrated that defects of the aorta, 2 to 3 cm. in length, may be bridged by autogenous grafts obtained from smaller arteries fashioned to appropriate width. The total mortality rate of the animal series was 50%, resulting from hemorrhage and thrombosis. With a very careful technique, the mortality was reduced to 20% in the later cases. The present report is concerned with late results obtained in 20 dogs that survived grafting of the abdominal aorta with fresh autogenous segments of the left iliac artery split lengthwise and the short sides sutured together. Of the 20 dogs, 16 were killed 2, 4, 6, 8, 10, and 12 months after the operation, and 4 were saved for the study of long-term results. While in the dogs, the deaths of which were connected with the grafting, the transplants showed extensive necrosis and inflammation, only one of the surviving dogs had a late complication, namely, an occluding thrombus that occurred in the seventh postoperative month. In all the other animals, the graft proved to be highly satisfactory. Aortography revealed insignificant or moderate constriction; dilatation was not observed in any case. On examination in vivo the pulsations were similar in the aorta and the transplant. Excess water pressure studies did not show leakage in any case. The elasticity of the graft was about half that of the adjoining aorta. Macroscopic examinations of the specimen revealed that the intima was generally even and smooth; a small calcification, probably in a thrombotic deposit, was observed in only one case. Microscopic examination showed insignificant changes. There was degeneration of the internal elastic membrane with fibrosis into the media in scattered small areas. Otherwise the muscle cells of the media were well preserved. There were no signs of reorientation of the tissues of the graft as a sign of histological adaptation to the new direction of distention. These observations suggest that the method offers excellent long-term results and probably is the best for the construction of short grafts for large arteries.

Causes of Cardiac Arrest During the Operative Period. M. Ribet and R. Delacroix. Lille chir. **8**:231-241 (Nov.-Dec.) 1953. (In French.)

In studying the causes of 11 cases of cardiac arrest during surgery, the authors enumerated the four main factors that, singly or in combination, may be responsible for cardiac arrest in the operating room. These are the condition of the patient, the anesthetic agents used and how they are administered, oxygenation, and the status of the reflexogenic zones. One of the 11 patients was resuscitated by cardiac massage lasting 20 minutes and had no neurological sequelae; the other 10 arrests proved fatal. Also included in the series were two cases of intense bradycardia that developed during surgery but disappeared as soon as the causes were removed, with no unfavorable consequences. Anoxia or hypoxia and the retention of carbon dioxide appear to be of primary importance among the many factors involved. Their action may be uncomplicated, or they may predispose patients who are poor operative risks to the harmful effect of peripheral reflexes. Besides the general condition of the patient, his cardiovascular peculiarities must be specially considered, and attention should be paid to his emotional state before operation and the difficulty of induction of anesthesia, depth of narcosis, and hypotension sometimes caused by spinal anesthesia. After surgery, detubation must not be done

too early nor any maneuver too abruptly, nor should the patient be transported any more than necessary. Since cardiac massage cannot always be depended on to revive patients, an attempt must be made to prevent cardiac arrest during surgery.

Attempt to Produce a Tubular Connective Autograft. R. Fontaine, M. Kim and R. Kieny. Presse méd. **61**:1791-1793 (Dec. 26) 1953. (In French.)

The authors studied various kinds of vascular grafts. Preservation of some of these was done by one of two methods: (*a*) in Hanks' solution at about 0 C and (*b*) quick frozen and kept at −70 C. It was found that with these methods the grafts stay perfectly viable for two months or longer, as proved by staining of the endothelium with silver nitrate and by tissue culture. The authors could not decide which method of preservation is preferable. If transplanted as an autograft, the arterial graft will survive; as a homograft or heterograft, it will not. It dies sooner in the latter case than when used in an animal of the same species, thus homografts must be considered superior to heterografts. However, both these types undergo slow transformation into tubes of collagen tissue by sclerosis of the musculoconnective elements of the media, the elastic fibers of which flatten out and become piled up. The authors produced artificial connective grafts in dogs by inserting polyethylene tubes into a subcutaneous tunnel. In several months, hard white coverings formed around these tubes. These formations are rich in connective tissue and vascular elements and have well-formed central lumens. It was possible to transplant them successfully onto arteries as autografts.

Surgical Treatment of Mitral and Aortic Stenosis: Results of 115 Valvotomies. D. A. Cooley, M. E. DeBakey, R. H. Skaggs and D. W. Chapman. Texas State J. Med. **50**:19-26 (Jan.) 1954.

The authors report on 115 patients subjected to either mitral or aortic valvotomy between March, 1951, and November, 1953. There have been 10 deaths in 110 valvotomies for mitral stenosis. Eight of the deaths occurred during the first 10 days after the operation, and the other two occurred one and four months, respectively, after the operation. Thrombosis and embolism accounted for 9 of the 10 deaths. Clinical results in 74% of the survivors were good to excellent, and many persons were restored to normal activity with nearly complete disappearance of murmurs. Although the risk of operation is somewhat increased in severely incapacitated patients with mitral stenosis, particularly in the advanced age group, valvotomy produced improvement in the majority of such patients. Ages of patients ranged between 16 and 58 years; the best results were obtained in patients 25 to 35 years of age. Other factors, such as history of previous embolism, auricular fibrillation, valvar calcification, and associated valvar lesions, deserve consideration but should not contraindicate operation in the presence of mitral stenosis. Five pregnant patients with mitral stenosis were operated on successfully with subsequent normal delivery. The tendency for severe stenosis to recur after successful mitral valvotomy appears to be relatively insignificant. Aortic stenosis is a more complex problem, but valvotomy may relieve symptoms of reduced cardiac output in properly selected cases. In the five patients undergoing aortic valvotomy, the lesion was acquired in three and congenital in two. Two of the three critically ill patients with acquired stenosis did not survive operation. Valvotomy produced gratifying relief of symptoms in the two patients with congenital aortic stenosis. In patients with aortic stenosis, valvotomy should be performed before the development of severe cardiac enlargement and coronary insufficiency.

Intra-Arterial Transfusion. S. F. Seeley. U. S. Armed Forces M. J. **5**:229-234 (Feb.) 1954.

Observations in Korea demonstrated that in patients with massive wounds involving bone and muscle, from 20 to 30 pints (9.46 to 14.19 liters) of blood may be required to bring about resuscitation. Administration of large quantities of blood under pressure by the venous route will suffice in the majority of instances when the heart beat is discernible. When the blood pressure cannot be ascertained, or is very low, and even in instances when it is certain that the heart is not beating, successful resuscitation has been accomplished by intra-arterial blood transfusion. A heart that does not beat cannot be expected to transfer blood from the venous side across the pulmonary system to the aortic arch. A pressure head at the coronary vessels is mandatory if the myocardium is to be restored to activity. Any artery large enough to accommodate a 15 gage needle or arterial cannula is suitable for transfusion. The most accessible artery nearest the aorta is preferable. While the radial artery is most frequently chosen, congenital absence of deep palmar arch anastomoses may result in gangrene of the hand. If the brachial or femoral arteries are used, the application of a tourniquet distal to the site of transfusion reduces pain and vasospasm in the extremity. If a laparotomy is performed, the aorta is a favored site for intra-arterial blood transfusion. In thoracotomy, the thoracic aorta may be used. Transfusions have been given into the left ventricle. An excellent site is any major artery exposed in severe wounds of the extremities. Blood should be given by the arterial route at a speed sufficient to bring about prompt filling of the arterial system. Speed of transfusion is dependent on the caliber of the needle and the pressure exerted. A 15 gage or larger needle or cannula should be used and pressure of from 200 to 300 mm. Hg. Air embolism is the greatest hazard in intra-arterial transfusion. The threat of air embolism may be overcome by the use of elastic bags containing blood but no air. Pressure is exerted on the bag by placing it under the patient's buttocks or back, thus forcing the blood into the arteries. To prevent gangrene, arterial transfusion should be continued only to the point at which venous administration will suffice. The closer to the aorta the blood is administered, the less is the threat of gangrene.

NEUROLOGY & PSYCHIATRY

Acquired Epilepsy: Study of 535 Cases. B. Smith, G. C. Robinson and W. G. Lennox. Neurology **4**:19-28 (Jan.) 1954.

Persons having epileptic seizures are generally divided into two groups. The seizures of one group are based on a transmitted "constitution" or tendency to seizures, the other on some pathological change in the brain acquired after conception. In some persons both factors contribute. This paper is concerned with patients whose history or examinations point to a structural change in the brain, which antedated the first seizure and hence might account wholly or in part for the epilepsy. The material presented was drawn from a mixed group of 2,090 epileptic patients. The data for 1,648 proved adequate. Of these, 535, or 32.5%, were believed to have evidence of a neuropathological lesion that antedated the first seizure. In these 535 cases, prenatal lesions accounted for 13.3%, natal lesions for 30.1%, postnatal trauma for 20.7%, infections for 17.2%, other conditions for 6.4%, and "cause not determined" for 12.3%. Ninety per cent of patients had the first seizure before the age of 20; 24% had a family history of epilepsy. A cerebral lesion was indicated in 88% of the cases by the patient's history. Data with respect to the patient's age at the first seizure showed a progressive decline of paranatal mishaps and progressive increase of postnatal traumatic conditions with increasing age. Nearly one-half of the patients, 46%, had the initial seizure within 12 months after the causative event. In 12% epilepsy did not arise until 10 or more years later. The time interval separating the causative factor and epilepsy was shorter for postnatal trauma and infections than for paranatal conditions.

Succinylcholine Chloride in Electroshock Therapy: II. Cardiovascular Reactions. W. K. Nowill, W. Wilson and R. Borders. A. M. A. Arch. Neurol. & Psychiat. **71**:189-197 (Feb.) 1954.

Electrocardiographic tracings and blood pressure recordings were taken on 215 patients undergoing electroshock therapy. Electrocardiographic arrhythmias were revealed by 2.6 to 8.7% of patients prior to treatment. Electroshock without drug therapy was followed by cardiac arrhythmias in 32.5% of patients; moderate tachycardia was induced initially and followed by bradycardia. Nodal rhythms, sinus tachycardias, and ventricular extrasystoles were the commonest arrhythmias observed. The systolic blood pressure increased sharply immediately after the electroshock and was associated with the tachycardia; pa-

tients in whom a bradycardia developed frequently had an associated decrease in blood pressure below control values. These secondary changes appear to be a function of the aortic depressor reflex. Thiopental (Pentothal) sodium induced a transient hypotension with little effect on pulse rate, although arrhythmias developed in 16.1 to 17.5% of patients. After electroshock the blood pressure and pulse rate were transiently elevated, and sometimes followed by bradycardia and hypotension; 34.2% of patients had abnormal cardiac rhythms. Succinylcholine chloride administration appeared to induce a mild increase in pulse rate and systolic and diastolic blood pressure. An incidence of 10.5 to 21.5% of cardiac arrhythmias was recorded. After electroshock a fairly marked rise in blood pressure and pulse rate occurred. This was followed in some patients by a marked fall in blood pressure associated with a bradycardia. An increased incidence of postshock cardiac arrhythmias was recorded in the patients treated with succinylcholine. Pretreatment with thiopental, and particularly with adequate amounts of atropine, reduced this incidence below that of patients receiving no drugs. On this basis, it is concluded that most of these arrhythmias are of vagal origin. Since adequate pretreatment administration of atropine largely prevented postshock reflex bradycardia, hypotension, and abnormal cardiac rhythms, this measure is recommended. Although 0.4 to 0.6 mg. was formerly prescribed, twice that amount seems to be required for adequate prophylaxis. Blood oxygenation and circulation, as noted by skin and fingernail color and capillary refill time, remained excellent in all patients treated with thiopental sodium and succinylcholine chloride. This is in contrast to the condition in patients treated with unmodified electroshock, who frequently show a very intense cyanosis. In the entire series of patients treated with succinylcholine chloride, detrimental effects on cardiac status were not observed in any patient after treatment. There were no deaths. The authors feel very strongly that physicians using hypnotic and muscle-relaxing drugs should have adequate knowledge of the principles of resuscitation. Cooperation between members of the psychiatric and anesthetic departments is of benefit to the patient.

Metabolic and Electroencephalographic Changes in Idiopathic Epilepsy: Detailed Case Study. C. B. Hatfield, D. R. Wilson and H. V. Rice. A. M. A. Arch. Neurol. & Psychiat. **71**:208-216 (Feb.) 1954.

Detailed observations were made for several months on an epileptic patient in order to determine the effect of cortisone on idiopathic epilepsy. The patient was receiving an accurately controlled regimen. The severity of seizures was markedly reduced by a restricted fluid intake. There was also electroencephalographic improvement, though the frequency of seizures was unaltered. Throughout the observation, potassium was inexplicably retained. The patient became worse both clinically and electroencephalographically while receiving vasopressin and cortisone therapy. With both there was water retention and a gain in weight. It is evident that the common denominator associated with procedures that made the patient worse was water retention and that which made him better was a loss of body water. Results of further observations, e. g., corticoid and 17-ketosteroid outputs and electrolyte balances, were of no significance. From recent work the actions of the adrenal hormones in epilepsy seem to have a definite bearing on epileptic activity. Desoxycorticosterone has been shown to improve the condition of the epileptic and to reduce the excitability of the central nervous system in animals. In this study, cortisone was found to be detrimental. It has also been shown that the adrenals of epileptics are heavier and contain more cholesterol than those of normal subjects and that corticotropin restores the excitability of the central nervous system previously reduced by desoxycorticosterone, presumably by stimulating the production of the other adrenal hormones. These facts give significance to the known effect of psychic stimuli or stress in precipitating seizures in epileptics. The evidence just cited and the authors' results with cortisone are thus consistent. It might be argued that stress should also stimulate endogenous desoxycorticosterone production which would be expected to reduce the convulsive tendency. However, Greep and Deane have suggested that the adrenal release of desoxycorticosterone does not result from corticotropin stimulation, whereas the androgen-like and cortisone-like hormones are thus produced. This could explain the predominant release of cortisone-like substances in stress, a state known to adversely affect the epileptic. Psychological and environmental influences and the physiological responses of epileptics are thereby related. In spite of the evidence that the adrenal hormones do modify the epileptic state, the mechanism by which they do this is still not clear.

GYNECOLOGY & OBSTETRICS

Epithelial Abnormalities of Cervix During Pregnancy. B. Peckham, R. R. Greene, J. T. Chung and others. Am. J. Obst. & Gynec. **67**:21-31 (Jan.) 1954.

According to Peckham and associates it is widely accepted that pregnancy causes specific epithelial changes in the cervix and that these changes may be confused with preinvasive carcinoma. This belief has been nurtured by reports that such untreated preinvasive lesions have disappeared following termination of pregnancy. The authors, however, feel that these lesions, whatever they may be called, are not transient "pregnancy changes," because most of them persist after the termination of pregnancy. To date, they have observed 19 such lesions in pregnancy. These lesions have been followed untreated through pregnancy and the immediate postpartum period. Observations on 14 of these lesions were reported previously. The details of the other five cases are presented in this paper. These data have been obtained as part of a more extensive investigation on the cervix during pregnancy and the postpartum period. Those five lesions were found in biopsies of cervical abnormalities (eversion, laceration, etc.) or because of a previous abnormal smear. The authors depict rather than describe these lesions and present data concerning each patient in a table. In four of the five patients, the preinvasive carcinoma persisted after pregnancy, being found in the biopsies and/or operative specimens. These cases added to the 14 previously reported (of which 12 persisted) make a total of 19 lesions of which 16 persisted. The authors realize that some may not accept the findings in some of the cases presented here and previously, as adequate for the diagnosis of preinvasive carcinoma. They hope, however, that the objective of this and their preceding publication on this subject will not be obscured, namely, that these lesions discovered during pregnancy are not evanescent pregnancy changes, since the majority persist after the termination of the pregnancy.

Estrogen Therapy in the Management of Advanced Breast Cancer. R. A. Huseby. Am. Surgeon **20**:112-124 (Feb.) 1954.

Evaluation of 100 patients with advanced breast cancer treated with estrogenic hormones at the University of Minnesota Hospitals tumor clinic between March, 1946, and May, 1952, showed that those in whom the response to estrogen therapy was favorable had an average survival time of 29 months from the institution of therapy. Three of these patients are still living free of symptoms and free of gross evidence of disease at 28, 72, and 84 months. All but five of the patients in this series were more than five years past the menopause, which in some cases had been artificially induced. Some had inoperable primary disease and others had recurrent or metastatic lesions, either alone or in combination, but in all cases the location of the lesions was such as to make fairly accurate clinical evaluation possible. Only those patients in whom all of the soft tissue lesions decreased significantly in size for a period of three months or more were considered as having a favorable response. The response in patients with bone lesions was generally poor; in some cases, bone lesions appeared or progressed in spite of significant regression in the soft tissue lesions. The results obtained in 34 patients with metastatic pulmonary or pleural disease are especially interesting, because for many such patients x-ray therapy is not indicated. Major regression of the lesions was secured in 11 of these patients, 7 of whom were moderately to severely dyspneic as a result of widespread parenchymal disease when first seen. The improvement in their respiratory symptoms, which disappeared completely or almost completely under hormone therapy, lasted for from 7 to 19 months. A favorable response was also seen in two patients with intra-abdominal metastatic disease, but the difficulty of ap-

praising intra-abdominal lesions accurately makes it impossible to determine the frequency with which such lesions improve under treatment. Only one of the five patients less than five years past the menopause showed any significant regression of the disease, while in two its growth appeared to be greatly accelerated. The 42 patients more than five years past the menopause in whom estrogen therapy evoked a favorable response were comfortable and able to go about their usual daily activities as long as their disease remained controlled by hormone administration, and even in cases in which it was reactivated many months usually elapsed before the patients became bed-ridden. Notwithstanding the remarkable results secured by the administration of estrogens, this form of treatment should not be used in cases in which curative procedures are applicable.

A Case Report of Sudden Death with Amniotic Fluid Embolism. F. S. Hassler and S. W. Rennie. Delaware M. J. **26**:12-14 (Jan.) 1954.

Sudden death associated with the presence of amniotic fluid contents in the pulmonary vessels occurred in a 33-year-old woman who had had three children. Labor proceeded normally, and the patient delivered spontaneously under nitrous oxide plus oxygen anesthesia. The placenta was expelled intact. A small cervical laceration was closed with interrupted suture. There was a persistent vaginal ooze and an intrauterine pack was inserted that seemed to control the ooze. The patient complained of headache with a rather severe backache. Analgesics were not effective. The patient went into irreversible shock rapidly and died four hours after delivery. Necropsy was performed. The heart was a bluish red-brown in color and flabby in consistency. No dilatation of the ventricles was noted. There was an area of subendocardial hemorrhage on the posterior wall of the left ventricle measuring 5.5 by 4 by 5 cm. On the right lower lobe of the lung, there was a deep bluish-purple area about 7 by 8.5 cm. Cut section of the upper lobe was pink and crepitant. The left lung was partially collapsed. On the lateral border of the lobe, there was a purple area of atelectasis measuring about 3 cm. in diameter. The surface of the left lung was purple, mottled blue and gray. The cut section revealed dark pink-red tissue. Typical epithelial squames and other material probably derived from amniotic fluid were observed in the blood vessels of the lung sections. The present knowledge of the pathogenesis of amniotic fluid emboli is that there are pulmonary vascular occlusions, with production of heparin, vasospasm, and acute right heart dilatation. In abruptio placentae, with the injection of tissue extracts into the maternal blood stream, severe shock may ensue with intra-arterial emboli forming and not limited to the pulmonary circulation. Treatment is supportive in both conditions. Blood loss from secondary hemorrhage should be replaced, but excessive transfusion must be avoided, especially in the presence of amniotic fluid emboli with pulmonary circulation already embarrassed. Artificial respiration with positive pressure is advisable, and papaverine should be given to abolish spasm of pulmonary vessels. All amniotic fluid should be allowed to drain off to prevent recurrence of emboli. If the shock is severe, cardiac failure may result with death following.

Clinical Investigation on Significance of Estrogenic Substances in Cancer of Body of Uterus. E. I. Jensen. Ugesk. laeger. **115**:1950-1954 (Dec. 24) 1953. (In Danish.)

One hundred five cases of endometrial cancer were carefully studied with regard to the time of occurrence of the menopause, preceding metrorrhagia, subjective menopausal symptoms, marital status and fertility, histological picture in the part of the endometrium not infiltrated by cancer, and particularly the intensity and duration of possible estrogenic treatment. The menopause commenced later in these patients than in the average woman and was accompanied oftener by periodic metrorrhagia and less often by subjective menopausal symptoms. The patients were often under the influence of endogenous estrogens for longer periods than the control patients and had received estrogens in larger amounts and for longer periods. In 16 patients continuous treatment with estrogens had been applied for an average of six and a half years. The author believes that his observations seem to show that both endogenous estrogen production and exogenous estrogen administration play a part in the development of cancer of the endometrium. Conservatism is indicated in the administration of estrogen preparations during and especially after the menopause and prolonged constant dosage should be avoided. Milder sedatives often suffice in the treament of subjective menopausal symptoms. If hormone treatment is thought necessary the estrogenic substances should be given at intervals to allow the endometrium to enter a rest phase. If during the treatment hemorrhagic disturbances set in, the treatment can advantageously be combined with androgenic substances or the latter can be applied alone, thus avoiding the constant growth stimulation which presumably constitutes an important factor in the development of certain cases of endometrial cancer.

Ovarian Function After Removal of Corpus Uteri. H. Muth. Zentralbl. Gynäk. **75**:1733-1737 (No. 44) 1953. (In German.)

The question of ovarian function following removal of the uterus is still in dispute. Animal experiments have given contradictory results. Observations during subsequent operations on women have revealed ovaries of normal appearance and function in some cases. On the other hand, there have been frequent reports of vasomotor disturbances and cystic ovaries in women subsequent to hysterectomy. The vaginal smear, with the aid of which it is possible to ascertain the vaginal cycle that is governed by the ovary, was employed by Muth to study the ovarian function after removal of the body of the uterus in 90 women. Twenty-six of these had been subjected to total extirpation of the uterus and 65 to supravaginal amputation without preservation of any endometrium. Women were included in this group only under the following conditions: age not in excess of 42 years; the interval between operations and control examination was at least 12 months; the ovarian function was normal before the operation; both ovaries were present; and finally two smears were obtained at an interval of 14 days. The vaginal smear was obtained with cotton swabs from the posterior vaginal vault and was immediately fixed in alcohol and ether. Staining was done according to the method of Papanicolaou. The cytological examination revealed signs of ovarian insufficiency in nine cases, that is more than a third of those who had undergone total extirpation of the uterus, and in 10 cases, that is, not quite a sixth of those who had undergone supravaginal amputation of the uterus. As a manifestation of a generative insufficiency of the ovaries the author observed in addition to hypohormonal, acyclical pictures, also monophasic cycles, and in two cases atrophic mixed types of vaginal smears. In the greatest majority, a normal biphasic vaginal cycle could be demonstrated; this last group included a woman in whom cytological control tests were made serially over a period of four weeks. Of the total of 19 patients in whom the cytological test demonstrated ovarian insufficiency 4 had not yet reached the age of 36, but the majority were 38 years old or older. Twelve of these women complained of vasomotor disturbances after the operation. The author feels that the results of these cytological studies do not justify the assumption that the uterus has an endocrine function. He believes that the postoperative functional failure of the ovary is caused chiefly by disturbances in the vascular supply and the circulation in this area.

Carcinoma of Cervix with Metastasis to Tibia and Fibula. R. M. Ulery, J. C. Ivins and J. S. Hunter Jr. Proc. Staff Meet., Mayo Clin. **29**:9-12 (Jan. 13) 1954.

Ulery and associates present the case of a woman, aged 56, who was referred to the clinic because of a suspicious lesion of the cervix. She had had a "sense of pressure" in the abdomen for six months, slight, watery vaginal discharge for four or five months, and vaginal spotting for two months. There was slight vaginal irritation, but no pain. Examination revealed an ulcerating, grayish lesion in the cervix uteri, extending out to the fornices. A mass in the region of the uterus extended along the left broad ligament to the pelvic wall and resulted in an almost frozen pelvis. Biopsy of tissue from the cervix revealed a grade 2 squamous cell carcinoma. A complete course of radium and roentgen ray treatment was given. Several months later muscular pain appeared in the left thigh and popliteal space, but

examination of the area revealed nothing. Ten weeks later the woman complained of a recent painful "snap" in the right leg between the ankle and the knee. The leg was swollen to the midthigh and painful below the knee. Roentgenograms taken the next day revealed osteolytic lesions involving the proximal third of both the right tibia and fibula and rarefaction of the right ischium, with pathological fracture. Needle biopsy of the fibula revealed squamous cell carcinoma. While the original cervical carcinoma was asymptomatic except for some vaginal spotting, the painful metastasis to the lower part of the leg made the patient a bedfast invalid in spite of repeated roentgen therapy to the area. A review of the literature showed the rarity of metastatic invasion of the distal portions of the limbs from squamous cell carcinoma of the cervix.

PEDIATRICS

Disorders of Pharyngeal Deglutition in Infantile Pathology. S. Thieffry and J.-C. Job. Semaine hôp. Paris. **30**:131-142 (Jan. 10) 1954. (In French.)

Disorders in deglutition play an important part in infantile pathology, because of their frequency of occurrence and the complications determined by them. They should be studied in relation to the complex mechanism of normal deglutition that assures the propulsion of aliments into the esophagus with protection of the aerial passages. Common and easily identifiable manifestations of disorders of deglutition are dysphagia, impossibility of alimentation, and wrong routes with violent reactions; but acute pneumopathy and tracheobronchial obstruction may appear. Examination of the buccopharyngeal cavity and roentgenography are insufficient for diagnosis; the best and safest test is deglutition of a glass of water. The disorders have a tendency to spontaneous remission; thus, with the prompt institution of palliative treatment, serious respiratory complications and the risk of sudden death can be avoided. The four principal causes of these disorders in infantile pathology are poliomyelitis, Guillain-Barré syndrome, tumors of the cerebral trunk, and dermatomyositis. Efficient treatment consists in using a position of inclination with the head downward, pharyngeal aspiration, biologically controlled parenteral alimentation, and administration of antibiotics.

Pedigree Demonstrating Sex-Linked Recessive Condition Characterized by Draining Ears, Eczematoid Dermatitis and Bloody Diarrhea. R. A. Aldrich, A. G. Steinberg and D. C. Campbell. Pediatrics **13**:133-139 (Feb.) 1954.

Aldrich and associates discovered a remarkable genetic history in the study of a baby boy with secondary thrombocytopenic purpura. He had been successfully treated for oral thrush at four days of age. Eczematoid dermatitis involving the face at 1 month receded following change in diet. A few weeks later, pyoderma developed. When the infant was 3½ months of age, otitis media occurred. He was hospitalized, and, since moderate anemia was present, two blood transfusions were performed. Improvement followed until he was 4½ months old, when vomiting and hematemesis accompanied by bloody diarrhea appeared. The diarrhea subsided under therapy administered by the family physician, but, a week prior to the present hospitalization, gross blood was once more present in the stool. The course of the child's illness in the hospital was unsatisfactory, and much of the time he was febrile. He was dismissed from the hospital about five weeks after admission with a diagnosis of secondary thrombocytopenic purpura of unknown cause. Severe epistaxis necessitated readmission six weeks later. One month later, obstruction of the small bowel suddenly developed; this required ileoileostomy. Postoperatively, bleeding and diarrhea were severe. The patient died two months after the last admission. From the outset it was clear that the infant's illness was a familiar story to this family. In the initial interview the mother stated that other related baby boys had died under somewhat similar circumstances. Fortunately the family has kept a record of births and deaths going back to the couple that migrated to this country from Holland six generations before. Sixteen of 40 infant boys had died. Ten of these, including the proband, were known to have suffered from draining ears, eczematoid dermatitis, and bloody diarrhea. A sex-linked recessive gene appears to be responsible for the primary deviation that leads to the death of these infants. The absence of adequate data concerning blood counts of the affected children other than the proband prevents any statement on the presence of thrombocytopenia in these children. Interviewing of several members of the third generation indicated that the final illnesses of the affected children have taken different forms; all, however, had repeated infection of the ear, eczematoid dermatitis, and bloody diarrhea. It is suggested that the basic deviation is a genetically determined increased liability to infection and that the thrombocytopenic purpura observed in the proband was secondary to this.

Acute Osteomyelitis and Suppurative Arthritis of Infants: A Short Review with a Description of Five Cases. I. S. de Wet. South African M. J. **28**:81-86 (Jan. 30) 1954.

The author reports acute osteomyelitis and suppurative arthritis in four baby girls and one baby boy. Two patients had suppurative arthritis of the hip joint with osteomyelitis of the proximal part of the femur, and three had suppurative arthritis of the shoulder with osteomyelitis of the proximal part of the humerus. The clinical picture was essentially that of a transient bacteremia, followed by a local infection in the bone. General reaction was comparatively slight. These findings were in contrast to those in acute osteomyelitis in older children and adults; that type begins with a fulminating septicemia later associated with abscesses in the bones and possibly other organs and has a general reaction that is more striking. It is now becoming increasingly clear from the clinical, therapeutic and prognostic points of view that acute osteomyelitis of infants should be regarded as a separate entity. That the systemic reaction is benign in the majority of these cases may in part be due to the fact that during the first few months of life the infant has not yet attained adequate resistance against pyogenic organisms. Relatively avirulent organisms may thus produce local destruction. From the literature it would appear that about 60% of the cases occur in infants aged less than three months, 78% in infants aged less than 12 months, and the remaining 22% in infants between the ages of 1 and 2 years. Three of the author's five patients were aged less than 1 month. In view of a deceptively mild systemic reaction associated with a rapidly destructive local process, it is imperative to make an early diagnosis because that is the only effective prophylactic in the prevention of crippling deformities. Irreparable damage occurred in three of the author's patients in whom the diagnosis was made late. In infants where movements are restricted, or a pseudoparalysis is observed, or a swelling develops in the region of a joint, osteomyelitis or arthritis must immediately be suspected, notwithstanding a comparatively mild systemic reaction. At the same time it is advisable to begin immediately with the administration of antibiotics. Under present circumstances it is preferable to administer two different antibiotics, for the organisms are frequently insensitive to one particular type. Only timely intervention will ameliorate the crippling sequelae of this condition.

High Incidence of Cerebral Intraventricular Hemorrhages in Necropsies Performed in Fetuses and Premature Infants. H. Rohrbach. Zentralbl. Gynäk. **75**:1709-1712 (No. 43) 1953. (In German.)

Of 402 necropsies performed on fetuses and on infants who had died within the first few days after delivery, 250 were done on fetuses 20 to 34 cm. in length, 100 on premature infants 35 to 47 cm. in length, and 52 on infants born at term. Hemorrhages, particularly involving the lateral ventricles, but frequently also the third and fourth ventricles, were observed in 44 (17.6%) of the 250 fetuses. Intraventricular hemorrhages were observed in 16 (16%) of the premature infants, while not a single intraventricular hemorrhage occurred in the 52 infants born at term. In 34 of the 60 fetuses and premature infants with intraventricular hemorrhage, this was the only abnormality revealed by necropsy. A tentorial tear was observed only in 11 (2.7%) of the 350 fetuses and premature infants, but in none of them did this occur simultaneously with a ventricular hemor-

rhage. Conclusions concerning the cause of the intraventricular hemorrhages could not be drawn from the author's necropsy findings, but it has been suggested by other workers that intraventricular hemorrhages may have their origin in the vascular plexus or may have resulted from the extravasation of intracerebral hemorrhages into the ventricles. In immature fetuses the highly delicate, so-called fetal subependymal germinal layer might have been an additional contributing cause. The fact that in 34 cases, no other hemorrhages besides the intraventricular hemorrhages were observed, makes it unlikely that vitamin K deficiency with hypoprothrombinemia might have been responsible; it also makes it difficult to consider mechanical causes (birth trauma). Control examinations on a larger scale combined with histological and hematological studies are required to elucidate the causation of cerebral and intraventricular hemorrhages in fetuses and premature infants.

UROLOGY

Renal Syndromes in Rheumatoid Purpura. M. Ferrari, G. Lapido and J. Scherschener. An. Fac. med. Montevideo. **38**:239-246 (July-Aug.) 1953. (In Spanish.)

From 1946 to 1952, the authors observed 10 young adult patients with rheumatoid purpura. Renal disorders were observed in six. They were benign and transient in four and progressively acute with final renal insufficiency in two. The authors believe that the renal complication shows that purpura in a given case is due to micro-organisms of virulent strain and of antigenic power, which simultaneously produce allergic and anaphylactic sensitization of the capillaries of the skin, the joints, the intestinal tract, and the kidneys. The acuteness of the renal complication depends on the degree of virulence and of sensitizing power of the causal bacteria. The renal complication of rheumatoid purpura is a typical diffuse glomerulonephritis of acute, subacute, or chronic course, which is more frequent in children and young adults. The benign clinical form manifests itself by microscopic or moderate macroscopic hematuria and transient albuminuria, both of which are due to increased permeability of the renal capillaries, rather than to renal lesion. The prognosis is good. The severe clinical form is, as a rule, oligosymptomatic with symptoms of bilateral renal involvement. The early moderate symptoms are followed by acute macroscopic hematuria of several weeks' duration, progressive renal insufficiency, and terminal uremia. In children and in the diffuse forms of the disease in adults with hypertension and cardiovascular complications, eventual cardiac insufficiency with acute edema of the lungs or hypertensive encephalopathy occurs. In the cases reported by the authors the interval between admission of the patients to the hospital and appearance of the final stage was two and four months, respectively. Biopsy of the kidneys was not permitted by the families. The general condition of the patients when discharged was poor. The patients had anemia and renal insufficiency, with nitrogen retention in one case and without it in the other case.

Trichomonas Vaginalis Infections in the Male. F. Lanceley. Brit. J. Ven. Dis. **29**:213-217 (Dec.) 1953.

In an attempt to ascertain the incidence and clinical manifestations of Trichomonas vaginalis in man, an investigation was carried out on 735 patients attending two large venereal diseases clinics. Eighteen trichomonad infections were found in 310 patients with urethritis (nongonococcic), two in 285 patients with gonorrhea, and five in 40 patients with balanitis. No symptomless infections of the subpreputial sac were found in 60 patients who admitted sexual promiscuity. Forty "normal" married men were examined, and one was found to harbor Trichomonas vaginalis in the urethra without signs or symptoms for a period of 24 hours after each marital coitus. This investigation demonstrates that Trichomonas vaginalis infection in men is not rare. The preputial sac, urethra, or prostate may all be sites of infection. The signs of infection are varied, and a symptomless vector state may exist. Infections appear to be self-limiting and self-curative and cause no serious lesions. It is concluded, therefore, that men are not infrequent vectors of Trichomonas vaginalis and that spread of disease by coitus is not uncommon. The transient nature of the infection in men and its lengthier course in women might account for the disparity in the relative infection rates.

Renal Biopsy by Transcutaneous Needle Puncture. E. Fiaschi, G. Ercoli and A. Torsoli. Minerva med. **44**:1851-1858 (Dec. 12) 1953. (In Italian.)

This is a preliminary report on the results of the authors' modified technique for kidney biopsy. Before the biopsy is obtained, a retropneumoperitoneum is performed so that the exact position of the kidney can be seen. After this, its exact projection on the frontal and sagittal planes can be marked on the skin of the patient and the needle can be pushed directly into the chosen area of the kidney. With this technique a macroscopic view of the kidney and its form and volume is also possible. The authors used this method in one healthy person and in nine patients with nephritis; they always removed the biopsy specimen from the posterolateral surface of the right kidney. In six instances the specimen consisted of the cortical substance and the medullary substance as well. Complications other than a transitory microhematuria did not occur. The authors discuss and compare the histological pictures of the healthy and the impaired kidneys and present numerous illustrations of them. Although they cannot make any definitive conclusion about their method and its value because of the limited experience, they feel that the systematic use of it together with the use of the latest tests for renal function may be very useful in the study of pathological anatomy and renal diseases.

OTOLARYNGOLOGY

Treatment of Severe Progressive Epistaxis by Radiotherapy. J. P. Stewart and J. D. Sammon. J. Laryng. & Otol. **68**:82-91 (Feb.) 1954.

Stewart and Sammon are concerned with "severe progressive epistaxis." In eight patients with this form, of whom all but one were men, they resorted to irradiation therapy. The apparatus employed was a standard high voltage x-ray equipment operating at 240 kv. and 15 ma. The half-value layer of the beam produced was 2.5 mm. Cu. Two directly opposed lateral fields were so placed on each cheek as to include the entire nasal cavity within the beam. The eyes and lips were shielded by lead. The size of the fields was 6 by 6 cm., and both fields were treated each day. The dose prescribed was a minimum central dose of 2,000 r in one week (five daily treatments to each field). The maximum dose received by the skin varied with the separation of the fields but averaged 2,500 r. In most cases the skin reaction was limited to erythema, but in one case dry desquamation was produced. The skin reactions disappeared quickly. The patients were instructed not to apply any medicament other than starch powder to the treated area. The active bleeding ceased in all patients before the completion of treatment (five days), and most had no further hemorrhage after 72 hours from the commencement of radiotherapy. Two patients ceased bleeding 24 hours after treatment had been initiated. After radiotherapy, not one patient had any further hemorrhage from the nose, although one patient with essential hypertension had a retinal hemorrhage some months later. The majority of the patients stated that for a few months following treatment they experienced rather a "dry nose" but eventually this "dry feeling" disappeared. One patient reported a temporary loss of sense of smell, and mild headache also of a transitory nature was complained of by all. The main effect of the radiotherapy was on the blood vessels in the deep stratum of the submucous layer of the nasal septum, where it produced a marked fibrosis and thickening of the tunica adventitia with a greatly narrowed lumen of the blood vessel, progressing in some cases to an endarteritis obliterans of the lumen. It was felt that this control of hemorrhage might be achieved by an even smaller dose of radiation, and in the last case this has been put to the test with complete success so far.

THERAPEUTICS

Reactions Following Use of Bacitracin, Tyrothricin, Gramicidin, and Polymyxin B Troches: Controlled Study. A. H. Kutscher, J. Budowsky and N. W. Chilton. J. Allergy. **25**:46-54 (Jan.) 1954.

Kutscher and co-workers describe controlled studies on reactions resulting from the administration of bacitracin, gramicidin, tyrothricin, and polymyxin B troches. The reactions were mild (with one exception) and did not require cessation of medication. They did not particularly affect the oral, pharyngeal, rectal, or anal areas. When compared with previous studies with oxytetracycline (Terramycin), chlortetracycline (Aureomycin), and procaine penicillin G troches, the percentage of patients showing reactions and the average number of reactions per patient were appreciably lower with bacitracin, tyrothricin, polymyxin B, and gramicidin troches. However, despite the minimal number and mildness of reactions accompanying the oral administration of these latter antibiotics, the authors suggest that these agents be utilized only when their administration is specifically indicated.

Side-Effects of Antibiotic Therapy Resembling Avitaminosis of the B Group Factors. L. A. Scuro. Clin. terap. **5**:550-567 (Dec.) 1953. (In Italian.)

Antibiotic therapy is often accompanied by side-effects. The commonest among these are clinical manifestations that constitute the so-called "syndrome caused by antibiotics and resembling avitaminosis of the group B factors." The clinical picture is characterized by lesions of the mucous membranes of the digestive apparatus with an almost constant association of atrophic glossitis, angular and diffuse stomatitis, pharyngitis, cheilitis, and, in women, vulvitis and vaginitis. The lesions of the mucous membranes may be caused by a deficiency of vitamin B complex, dystrophic lesions of the tissues, and infections by organisms that are resistant to the antibiotics being administered. Among these, the commonest is Candida albicans. A fourth factor that may also play a part in the causation of these side-effects is allergy. Prophylaxis and therapy should aim mainly at eliminating the causative agents. Intramuscular administration of vitamin B complex in large doses and continuation of the antibiotic therapy with concurrent local use of disinfectants and substances with an antifungoid action are valuable. Cytochrome and vitamin C as well as estrogens in the case of women may also be of value. The antibiotic therapy should be interrupted only if the side-effects become increasingly pronounced. The author reports observations on 130 patients receiving penicillin, chlortetracycline (Aureomycin), chloramphenicol (Chloromycetin), and penicillin combined with streptomycin. Side-effects resembling avitaminosis of the vitamin B complex were more pronounced in the patients receiving chlortetracycline and chloramphenicol. In 83.3% of the cases it was possible to isolate C. albicans from the lesions of the mucous membranes. The avitaminosis-like picture appeared usually after one week of treatment and mostly in elderly women whose general condition was poor. Parenteral administration of vitamin B complex was of prophylactic and therapeutic value.

Streptomycin and the Foetus. A. Sakula. Brit. J. Tuberc. **48**:69-72 (Jan.) 1954.

After citing experiments that proved placental transmission of streptomycin in animals as well as in women, Sakula says that the first clinical report of the use of streptomycin in pregnancy and its effect on the fetus was made by Watson and Stow in 1948, who administered streptomycin to two tuberculous pregnant women in the second and third trimesters. One had pulmonary tuberculosis and received 90 gm., and the other had urinary tract tuberculosis and received 95 gm., both in 2 gm. daily dosages. In both mothers there was some loss of vestibular function, but there were no placental changes. Both the infants were normal, and a follow-up of one year showed them to have no involvement of the acoustic or vestibular functions of the eighth cranial nerve. Sakula found only one reference to any harmful effect to the fetal eighth cranial nerve by streptomycin. Leroux in 1950 described the case of a mother with phthisis who was given only 30 gm. streptomycin, in 1 gm. daily dosage, during the last month of her pregnancy. The baby at 2½ months was deaf, although the vestibular function and balance seemed normal. However, even in this case, there was no definite proof that the congenital deafness was due to streptomycin. The case presented here by Sakula was that of a woman in whom chemotherapy with *p*-aminosalicylic acid and a daily intramuscular injection of 1 gm. of streptomycin sulfate was begun during the 10th week of pregnancy, a total of 90 gm. of streptomycin being given up to the 30th week of pregnancy. The pregnancy progressed uneventfully, and a boy was born at term. Birth weight was 8 lb. 11 oz. (3,942.58 gm.). The progress of the infant has been normal. At the time of writing, he is 1 year old, there has been no nystagmus, and his hearing is normal. Although streptomycin passes through the placenta, there is some placental barrier to the drug, for the concentration of streptomycin in the fetal blood is usually one-half or less than that in the maternal blood. The placental barrier may also be a modifying factor resulting in the innocuous nature of streptomycin to the fetus, since the fetus does not appear to be affected adversely by streptomycin administered to the mother, even when given in the first trimester and in prolonged dosage.

PATHOLOGY

Duodenal Ulcers with Extensive Liver Damage in Infant Twins. J. J. Kempton and M. Bodian. Arch. Dis. Childhood **28**:471-474 (Dec.) 1953.

The cases here reported and described in detail are those of twin girls who died at the age of 4 months of an illness with diarrhea and vomiting of unknown etiology. The twins were dizygous, but their illnesses appear to have been identical. The older twin, a premature baby (birth weight 3 lb. 5 oz. [1,402.5 gm.]), died on the sixth day of illness, while the one born at term survived for 12 days and responded in some degree to treatment. Necropsies showed large duodenal ulcers and extensive liver damage in both infants. The lesions were extremely similar, but those of the older twin showed more acute changes and little evidence of the reparative processes seen in both the ulcer and the liver of the younger. Chemical poisoning did not seem to be a possibility, so it is presumed that the intoxication was of infective origin. The authors remark that in experimental cinchophen ulcers in dogs, certain liver changes, namely, vacuolization and necrosis of the hepatic cells, occur that resemble those seen in these cases. The mechanism that produces a cinchophen ulcer is not understood, but it is thought that cinchophen affects the detoxifying mechanism of the liver, especially glucuronic acid conjugation. The depletion of glucuronic acid, which is an essential part of mucin, could lead to the formation of an ulcer. The formation of a cinchophen ulcer can be prevented or retarded by the application of mucin, pectin, or liver extract. It is tentatively suggested that a similar mechanism may have brought about the liver damage and duodenal ulceration seen in these twins. If so, treatment with mucin or pectin might be useful in such cases.

Histological Findings in Auricles Resected During Mitral Valvotomy. G. Magri, P. F. Angelino, A. Actis and V. Levi. Minerva med. **44**:1763-1766 (Dec. 5) 1953. (In Italian.)

The authors made histological studies of 50 left auricular appendages removed during interventions for mitral stenosis in patients between the ages of 25 and 42 years, none of whom showed clinical signs of active rheumatic fever. Only six of the auricles were unimpaired. Endocardial alterations and organized thrombi, cellular infiltrations diffused in the connective tissue and the perivascular spaces, and typical Aschoff bodies were found in the others. The Aschoff bodies, which were found in 12 instances, indicated the presence of active rheumatic fever. The other lesions suggested that a previous rheumatic disease had been present and was in the process of regression. Other workers have reported the presence of Aschoff bodies and histological alterations of the rheumatic type in the auricles of patients with mitral stenosis in whom there were no clinical signs of rheumatic fever. The authors' findings agree with those

reported in the literature, and they suggest that the presence of these lesions in patients who have no clinical signs of active rheumatic fever may indicate that a smoldering rheumatic carditis is present.

RADIOLOGY

Results of Therapy with Radioactive Iodine in Hyperthyroidism. R. E. Goldsmith and E. L. Saenger. Ohio State M. J. **50**:26-27 (Jan.) 1954.

This report is based on data gathered from patients treated in the Radioisotope Laboratory of the Cincinnati General Hospital and followed by one person for from 4 to 20 months. Several of the 22 patients presented complicated problems. Four previously had undergone surgical therapy for thyrotoxicosis; two had had radioisotope therapy; and several had received I^{127} and/or antithyroid drug treatment. In the two patients who had had radioisotope therapy, the therapy was not a failure; the patients were lost to follow-up shortly after being treated and then reappeared one or more years later. Both had received relatively small doses. Fourteen of the 22 patients had diffuse goiters, 7 had multinodular goiters, and one had no goiter. Those with diffuse goiters were given a total dosage of 3.7 to 22 mc. of I^{131}, averaging 11.4 mc. The patients with multinodular goiters received a total of 6.5 to 45 mc. of I^{131}, averaging 16 mc. All 22 hyperthyroid patients treated with radioiodine showed excellent clinical responses and are now euthyroid. The response to radioiodine therapy was as prompt as after surgical treatment. The response of the hyperthyroidism in the patients with multinodular goiter was as satisfactory as the response in patients with diffuse goiter. There were no post therapy complications or unwanted sequelae, except for myxedema in one patient. There was no patient who showed true resistance to I^{131} therapy, although multiple doses were needed in five instances.

Marsupialization of Epididymis and Actinotherapy in Genital Tuberculosis. O. A. Fonio and G. Sawaya. Rev. Asoc. méd. argent. **67**:411-414 (Oct. 15-30) 1954. (In Spanish.)

Modern drugs used in therapy of genital or urogenital tuberculosis do not supplant surgery. Their results are limited to improving the course of the preoperative and postoperative stages. The authors report results from ultraviolet irradiation of the internal surfaces of tuberculous epididymal foci in eight patients. The operation is performed while the patient is under local anesthesia. A 3 cm. incision is made on the skin of the scrotum. The tuberculous focus is exposed and its cavity widely exposed (marsupialized) by suturing the borders of the epididymal wound to those of the scrotum. The irradiations are given with a Hanau lamp placed at a distance of 90 cm. from the focus to be irradiated. The first irradiation is given immediately after opening the tuberculous focus. It is given for two minutes. The irradiations are given daily, increasing the time of exposure by two minutes every day up to 20 minutes. The treatment is continued for three to five weeks. Material for bacteriological examination is taken from the tuberculous focus during the operation and at intervals during the course of the treatment. The irradiations have a rapid bactericidal effect on the tubercle bacillus. The patients were between the ages of 25 and 38, except for one who was 59. The disease had lasted between one and three months in four patients and between one and five years in the other four. It was bilateral in one case, unilateral in four, contralateral to hemicastration for tuberculous orchioepididymitis in one, and contralateral to chronic tuberculous epididymitis in two cases. It was complicated by tuberculous fistula in four cases. Some of the patients had tuberculous nodules in the epididymis, the testicle, the vas deferens, the seminal vesicles, or the prostate. The raw surfaces of the epididymis were rapidly replaced by granulations and healed. All of the tuberculous lesions, both treated as well as those at a distance that included coexisting tuberculous foci in the testicles, vas deferens, seminal vesicles and prostate, disappeared. Cure persists one year after discontinuation of treatment. The authors believe that irradiations cause immunization by acting as antituberculous vaccines. Immunization is caused by tuberculin that is liberated in large quantities when tubercle bacilli are disintegrated in the body through the bactericidal properties of ultraviolet rays.

ANESTHESIA

Spinal Analgesia for Translumbar Aortography. E. Feldman, B. A. Greene and H. Y. H. Chinn. Anesthesiology **15**:66-70 (Jan.) 1954.

Translumbar aortography is the roentgenographic visualization of the abdominal aorta and its branches by injection into the aorta of a contrast fluid. Abnormalities of the lumbar aorta and its branches, including the arteries of the lower extremities, can readily be demonstrated by this method. It is a valuable tool in the study of renal, adrenal, retroperitoneal, vascular, and placental disorders. Complete immobility is necessary during the exposure of the films, but this is quite difficult to obtain when the patient is in pain and startled during the injection of the radiopaque liquid. Experience with piperidocaine (Lucaine) hydrochloride spinal analgesia in obstetrics, culdoscopy, and extraperitoneal general surgical procedures suggested that sensory subarachnoid block without significant motor paralysis might be most suitable. The hypobaric technique employed for culdoscopy seemed especially appropriate for aortography, a procedure that also necessitates use of the prone position. The authors employed a spinal hypobaric technique and gave 20 mg. of piperidocaine in 3 cc. of water to produce analgesia to the ninth thoracic segment without motor paralysis. It is simple and gives adequate and dependable pain relief for translumbar aortography. The method was used in 29 cases of translumbar sympathectomy and was completely satisfactory. It is more effective than local infiltration, less hazardous than intravenous anesthesia, and more certain than epidural analgesia.

Technique for Production of Hypothermia: Preliminary Report. C. B. Ripstein, C. E. Friedgood and N. Solomon. Surgery **35**:98-103 (Jan.) 1954.

Hypothermia is of value in cardiac surgery, because the reduced metabolic needs of the tissues at lower temperatures permit the heart to be excluded from the circulation for prolonged periods without producing irreversible brain damage. This permits clamping the venae cavae, opening the bloodless heart, and repairing septal defects and correcting valvular abnormalities. French investigators found that certain antihistaminic drugs exert an inhibitory effect on the thermoregulatory center in warm-blooded animals. One of these compounds, chlorpromazine, has been made available to the authors, who developed the following technique. The subject, in the fasting state, is anesthetized with thiopental (Pentothal) sodium and curare, and an endotracheal tube is inserted to maintain adequate pulmonary ventilation. The sensing bulb of a recording thermometer is inserted into the rectum, and a continuous record of body temperature is maintained. The subject is placed in refrigeration blankets, and an alcohol solution at 30 F is circulated through the coils of the blanket. Chlorpromazine is given in the dosage of 50 mg. intravenously and 100 mg. intramuscularly initially supplemented by 50 mg. intramuscularly every one to two hours during the period of hypothermia. Light anesthesia is maintained by thiopental and curare. When the body temperature reaches 80 F, the temperature of the refrigerant fluid is raised to 70 F to maintain the hypothermic state at this level. Rewarming can be accomplished at any time by injecting 50 mg. of chlorpromazine intramuscularly and raising the fluid temperature of the blanket to 110 F. The authors used this method not only on dogs but also in patients. Seventeen patients were subjected to artificial hibernation to control the hyperpyrexia in severe sepsis or to alleviate intractable pain due to inoperable carcinoma. All recovered, but cardiac irregularities developed in two (auricular fibrillation in one, and ventricular extrasystoles in another) that reversed on rewarming. The other 15 patients showed electrocardiographic changes related to decreased body temperature, but these reversed with no evidence of residual cardiac damage. It is noteworthy that, in all patients in whom significant arrhythmias developed, the body temperature fell below the "safe level" of 80 F. Electroencephalographic studies revealed no abnormalities, and studies of renal function, liver function, and the circulating blood showed no deleterious effects attributable to hypothermia. The high incidence of cardiac complications limits the widespread use of the technique in cardiac surgery at the present time.

BOOK REVIEWS

Free and Unequal: The Biological Basis of Individual Liberty. By Roger J. Williams. Cloth. $3.50. Pp. 177, with illustrations. University of Texas Press, Austin 12; [Thomas Nelson & Sons, Ltd., Parkside Works, Dalkeith Rd., Edinburgh 9; 91-93 Wellington St., W., Toronto 1], 1953.

In the 19th century great scientists generally wrote or lectured to laymen of their discoveries. This tradition of the scientist as a popularizer has almost disappeared; consequently, it is rare for anything written for laymen about science to be wholly accurate, and it is still rarer for such a work to be written in a distinctive style. "Free and Unequal" is an exception to these trends. It is by a great biochemist, it is authentic, and it could be read for its style alone. Its subject is one of the most interesting imaginable—the biological basis of human individuality, the extent of human variability. Dr. Williams starts out with differences in abilities to taste and smell; in metabolic patterns, growth rates, and sleeping patterns; in tolerances for foods and medicaments; and in talents. With these chapters for a basis, he demolishes the concept of "the average man." He discusses what the abandonment of the concept could mean in education, medicine, art, religion, race relations, and politics. Most of all, he stresses that, although people are born unequal, they are born to be free, a condition that he believes can be achieved only in a democracy because no dictator or ruling class can understand fully the needs of each subject. "Free and Unequal" can be recommended to parents worried about their "abnormal" children, or to patients puzzled by ways in which they are "different." It should be in the library of everyone who works with or through people. The book is the more valuable because there is so little published for the layman in the field of applied biochemistry.

A Short History of Medicine in the Philippines during the Spanish Regime 1565-1898. By José P. Bantug, Ph.D., M.D., M.Sc., Associate Professor, Faculty of Medicine, University of Santo Tomas, Manila. Cloth. Pp. 182, with illustrations. Colegio médico-farmacéutico de Filipinas, Inc., Manila, 1953.

Of the beginnings of medicine in the Philippines Dr. Bantug says, "No authentic monuments have come down to us that indicate with some certainty early medical practices." In his brief chapter on aboriginal superstitions it is related that corpses were bathed and rubbed with camphor oil and preserved with buyo (beetle) as well as aloes introduced through the mouth. This procedure is said to have been so effective that after many years the cadavers were still perfectly preserved. The ancient Filipinos believed in signs and augurs. An owl in the neighborhood of the sick was thought to be a sign that death was near. A new house in which a snake had been seen was of evil omen and must not be occupied.

In the years preceding the Spanish regime medicinal plants were commonly used, and the therapeutic properties of many of them, the author says, have been amply corroborated by modern investigators. The early missionaries recorded their observations on these medicinal herbs; for example, Father Francisco Ignacio Alcina, S.J., and Fray José de Valencia in 1669, and Father Pablo Clain, S.J., who published a special tract on medicinal plants in the Philippines in 1712. The author believes that today we are far from exhausting the possibilities of these medicinal plants, and that botanists, chemists, and pharmacists are needed for research in this field. The first true pharmacies in the country were established in Manila in 1830. After the establishment of the faculty of pharmacy at the University of Santo Tomas in 1871, well-appointed drug stores became abundant. It is interesting that in the early history of the islands the old *curanderos* used the brain of a rabid dog for the treatment of persons bitten by mad dogs. In discussing the epidemics that scourged the Philippines, the author mentions the efficacy of oil of monungal against cholera. This is simply coconut oil in which pieces or scrapings of monungal wood have been macerated. Since the therapeutic properties of this concoction appear to have established its popularity among *curanderos* for 300 years, the author believes it should be investigated. He points out that, although the mosquito Aedes egypti is abundant in the Philippines, yellow fever is not known to have occurred there in epidemic form. In the tragic cholera epidemic of 1820, thousands of deaths occurred. A French physician who witnessed it wrote, "At all times of the day and at night, the streets of Manila were full of cars conveying the dead." The cause of cholera not then being known, it was suspected that foreigners had poisoned the wells and rivers, and in Manila and nearby Cavite furious crowds killed 28 Europeans and many Chinese. Beriberi is the commonest form of avitaminosis in the Philippines and one of the most important causes of infant mortality. The Philippine congress has passed a law providing for the free distribution of the extract of tiqui-tiqui, which has diminished the mortalty from beriberi; in 1950 it was fourth on the list of causes of general mortality.

During the Spanish regime many hospitals were erected by the government and the missionaries. The Spaniards founded the first one in Cebu in 1565 and later transferred it to Manila to take care of military patients. From then on institutions of health and charity multiplied. The American historian Edward Gaylord Borne believed that the Philippines at the beginning of the 17th century were ahead of all the other European colonies in care of the sick and invalids. The author discusses the progress of surgery in the Philippines and the development of public health services. The Central Board of Vaccination was created in 1806, and after the reorganization of the health services in 1883, caraballa calves were used for the production of vaccine. The virus was preserved in glycerine on slides sealed with paraffin, in capillary tubes, or in small bottles, and transported to the various provinces in the islands. Vaccine prepared from other domestic and wild animals, the horse, goat, deer, and monkey, was also used. When the Spanish rule ended in 1898, there were 122 regular vaccinators distributed in the different provinces besides the *vacunadorcillas* in each town.

In 1690 the Dominican Father Juan Feguero provided the city of Manila with potable water. Part of his original water system still exists. In 1732 the Spanish general Don Francisco de Carriedo bequeathed money to establish in Manila a modern water system, which continued to function for more than 50 years. The Philippine hero Dr. José Rizal built a water system for his native town, Dapitan on Mindanao, of which an American engineer said, "I cannot conceive how a man without means almost, could have established a water system with only materials from a ruined building, his canals made of bricks and broken tiles and making use of the ordinary bamboo for a good part of the piping."

There are chapters on municipal laboratories, the quarantine service, the Philippine spas, health education, Dr. Rizal, and the faculties of medicine and pharmacy in the University of Santo Tomas and several brief biographies of other men prominent in medicine and pharmacy in the Philippines.

The Physiopathology of Cancer: A Treatise for Investigators, Physicians, and Students. Edited by Freddy Homburger, M.D., Research Professor of Medicine, Tufts College Medical School, Boston, and William H. Fishman, Ph.D., Research Professor of Biochemistry, Tufts College Medical School. With 28 contributors. Foreword by C. C. Little. Cloth. $18. Pp. 1031, with 152 illustrations. Paul B. Hoeber, Inc. (medical book department of Harper & Brothers), 49 E. 33rd St., New York 16, 1953.

Cancer has become such an important cause of death that physicians must maintain constant vigilance in the differential diagnosis of noninfectious diseases. Thus, texts on cancer become increasingly important in adding to the fund of medical knowledge. In this volume, the origin, nature, and development of cancer are discussed from both the experimental and the clinical viewpoint. The text has been divided into sections on biology, chemistry and physics, clinical investigation, and practical applications. Practicing physicians would be primarily in-

These book reviews have been prepared by competent authorities but do not represent the opinions of any official bodies unless specifically so stated.

terested in the last two sections, while investigators would be most attracted to the first half of the book. The detailed discussions, the general avoidance of a didactic approach, and the extensive bibliography are commendable and particularly appealing to the researcher and the practitioner. The chapters show varying degrees of clarity of exposition and of organization. The chapters on the virus theory of cancer by Duran-Reynals, experimental cancer chemotherapy by Karnofsky, statistics by Lombard, and chemotherapy by Gellhorn are excellent. This is a valuable summarization of the subject. Because of its complexity the book is not recommended for medical students, but may be recommended as a reference text.

Pathology. Edited by W. A. D. Anderson, M.A., M.D., F.A.C.P., Professor of Pathology and Chairman of Department of Pathology, University of Miami School of Medicine, Coral Gables, Florida. Second edition. Cloth. $16. Pp. 1393, with 1251 illustrations. C. V. Mosby Company, 3207 Washington Blvd., St. Louis 3, 1953.

Following the first edition after a five year interval, the second edition of this textbook has 60 fewer pages, with two columns per page. Its purpose is to put together the knowledge of a number of specialists in particular aspects of pathology. Although it is intended to serve as a textbook for medical students, the editor believes it is sufficiently comprehensive and complete to be useful to the practicing or graduate physician. When 33 authors contribute to a single volume, there is inevitably unevenness of style, presentation, and integration. It is also necessary for the editor to present the information in such a way that the reader does not become lost in polemics and inconsequential details. The second edition, like the first, has small type mixed with large type on almost every page, perhaps to save space or perhaps to indicate degrees of importance.

The contributors to this volume are recognized specialists in their fields. They present the usually accepted information in pathology, with few exceptions. Each chapter ends with references. The black and white illustrations of gross specimens are fairly good. Many of the photomicrographs could be improved on; some are indistinct, and the undergraduate or graduate student would have great difficulty in detecting the cellular changes described. This text is comprehensive, and although emphasis is placed on morphological changes in disease, these are correlated with functional effects and clinical alterations. The undergraduate and graduate medical student, the experienced pathologist, and the practicing physician should find this text useful.

Advances in the Control of Zoonoses: Bovine Tuberculosis, Brucellosis, Leptospirosis, Q Fever, Rabies. WHO/FAO Seminar on Zoonoses, Vienna, November, 1952. World Health Organization monograph series no. 19. Published jointly by FAO and WHO and issued also as FAO Agricultural Studies no. 25. Paper. $3; 15/-; 960 French francs; 12 Swiss francs. Pp. 275, with illustrations. Columbia University Press, 2960 Broadway, New York 27; World Health Organization, Palais des Nations, Geneva, 1953.

This monograph contains the principal papers and summaries from the WHO/FAO Seminar on Zoonoses. The term "zoonoses," fairly new in public health and veterinary medicine, denotes diseases of animals transmissible to man. The report deals with the subject in general and devotes special attention to five of these diseases. Annex 1 lists 86 zoonoses, of which only about 10 or 15 are important for Europe and the United States. The five diseases considered at the seminar were selected for their broad interest to the countries of Europe. The discussions that followed each section are summarized. FAO and WHO will supply further technical information on request. The prevention and eradication of zoonoses in human beings, it is said, can be accomplished in large part by control of these diseases in animals, and public health officials should encourage such measures by means of subsidies in bovine tuberculosis and brucellosis control programs; fostering of research and epidemiological surveys in Q fever and leptospirosis; and popular education in the control of rabies and hydatidosis. Agricultural and veterinary authorities can locate sources of infection and educate farmers. Establishing veterinary public health units in the framework of municipal, district, or federal departments of health can be valuable. Veterinary public health includes zoonosis control, food hygiene, and other matters. The participants in the seminar are listed in the last chapter. Such reports as this should appear regularly to record scientific advances.

Physics for Medical Students. By J. S. Rogers, B.A., D.Sc., F.Inst.P., Dean of Graduate Studies, University of Melbourne, Melbourne, Australia. Third edition. Cloth. $5.50. Pp. 405, with illustrations. Cambridge University Press, 32 E. 57th St., New York 22; Bentley House, 200 Euston Rd., London, N.W.1; Melbourne University Press, Carlton, N.3, Victoria, 1953.

This book surveys the field of modern physics in its medical applications. After two introductory historical chapters it takes up measurements of osmotic pressure, surface tension, hydrogen ion concentration, blood pressure, transformations of energy as related to body temperature, physiological optics and acoustics, electronics and its applications to electrocardiography and electroencephalography, and infrared, visible, ultraviolet, and ionizing radiations. The discussions are clear, accurate, and concrete. There are many good diagrams. The new edition contains fresh material on vacuum tubes (thermionic valves), phase contrast microscopy, and other recent developments. This book deserves the highest praise and makes one wish for texts in other fields of medicine in the same compact, forthright style, to replace the turgid, evasive literature that has been inflicted on medical students in recent years. The book is not yet perfect, for the index is inadequate and the text apparently includes nothing about body mechanics (e. g., effects of acceleration), ultrasonics, or several other topics of great interest. A few of the diagrams are so poorly reproduced as to impose an unnecessary eyestrain on the reader. Until recently, the best book in this field undoubtedly has been Fritz Hauer's "Physik für Mediziner," which has not been translated into English. This work by Rogers fills that need, and it is hoped that future editions will show continued improvement.

Clinical Orthoptics: Diagnosis and Treatment. By Mary Everist Kramer, Certified Orthoptist, Kansas City, Missouri. Edited by Ronald Atmore Cox, M.D., Professor of Ophthalmology, George Washington University School of Medicine, Washington, D. C., Wade Hampton Miller, M.D., and Louisa Well Kramer, Certified Orthoptist, Washington, D. C. Second edition. Cloth. $12.50. Pp. 531, with 160 illustrations. C. V. Mosby Company, 3207 Washington Blvd., St. Louis 3, 1953.

This new edition of a well-known textbook on orthoptics attempts to bring up-to-date some of the more recent views on fusion and the binocular mechanism. Home exercises are emphasized as a practice that may have to be followed for patients not conveniently located for office training. The value of therapeutic orthoptics is still a controversial subject if one eliminates occlusion and refractive correction and considers only instrumentation. The tendency for the orthoptic technician to claim too much may be responsible for the nihilistic attitude of many ophthalmologists. Perhaps this book overrates the results of orthoptics in patients with strabismus, but a certain amount of dogmatism is necessary in a textbook for orthoptic technicians such as this. At the end of each chapter is a list of questions for the student. Anatomy, physiology, optics, and the diagnosis and treatment of the various forms of imbalance of the extraocular muscles are adequately covered for the orthoptic technician, and the chapter on surgical correction gives the basic facts of operative correction. The book is well illustrated. The ophthalmologist who has any interest in orthoptics should find this book a valuable addition to his library; for the orthoptic technician it is essential.

Occupational Disease Reporting: A Review of Current Practices Together with a Collection of Incidence Statistics. By Victoria M. Trasko. Public Health Service publication no. 288. United States Department of Health, Education, and Welfare, Public Health Service, Division of Occupational Health of Bureau of State Services. Paper. 40 cents. Pp. 80. Superintendent of Documents, Govern. Print. Off., Washington 25, D. C., 1953.

This study concludes that the reports filed with industrial commissions for compensation purposes hold most promise as sources of dependable data on the nature and incidence of occupational diseases. Compulsory reporting by physicians, as required under certain state statutes, has proved unreliable. The whole problem is complicated and is made more so by the lack of a generally accepted definition of occupational disease and by wide variance in practice in the several states. These difficulties make statistical comparisons or cumulative tables impossible, but this pilot study suggests that through the cooperation of

state industrial hygiene bureaus a start could be made toward a national reporting system. Guiding principles, if developed and observed by agencies most directly concerned, could eventually coordinate the methods of such agencies as the Bureau of Labor Statistics and the American Standards Association. The report recognizes the great difficulties attendant on such a venture but points out that no progress will be made unless first steps are taken. Data that were accumulated in the course of this pilot study have been formulated as a series of tables on the incidence of occupational disease. Here again, reservations are expressed regarding the validity of such data in the absence of standardized criteria. Altogether this is a most useful compilation, representing a first and long stride toward collecting and codifying occupational morbidity data on a comprehensive and possibly a national scale.

Rehabilitation of the Older Worker. Edited by Wilma Donahue, James Rae, Jr., and Roger B. Berry. With foreword by Everett J. Soop. Cloth. $3.25. Pp. 200. University of Michigan Press, Ann Arbor, Michigan, 1953.

The material in this volume is derived from the University of Michigan's fourth annual conference on aging, whose topic was "Rehabilitation of the Handicapped Worker Over Forty." The book contains an introduction by Wilma Donahue and 10 chapters, of which 6 are written by individual authors and the remaining 4 are edited transcripts of the conference discussions on various aspects of employment and rehabilitation. There is a good subject index. The volume is based on the experiences of an outstanding group of experts, which provide a convincing demonstration of what can be and is being done to overcome physical and mental handicaps. The book furnishes a convincing argument for a nation-wide program for the rehabilitation of older workers. It tells how units from the federal government down to the small, voluntary civic group can go about the task of restoring older persons to usefulness. Throughout the volume there is emphasis on the shortcomings that now exist and on what should be done to improve the efforts and services in this humanitarian, as well as economically sound, endeavor. There is no attempt to deny that rehabilitation of human beings, both young and old, is a costly process, but there is abundant evidence that in the long run such rehabilitation pays. The arguments presented carry weight and conviction; they are undoubtedly akin to those that led President Eisenhower to devote so much of his recent annual message to rehabilitation. There is a growing interest in the subject, and this volume provides useful, interesting, and encouraging information.

Elektrochirurgie am Auge. Von Prof. Dr. Karl Safar, Vorstand der Augenabteilung am Krankenhaus der Stadt Wien-Lainz. Cloth. Pp. 170, with 56 illustrations. Springer-Verlag, Mölkerbastei 5, Vienna 1, 1953.

This book is written by an ophthalmologist who has contributed numerous valuable publications on electrosurgery of the eye and who, about 20 years ago, introduced a method of diathermic treatment of detached retinas (Safar's nails) that is still widely used. The author summarizes the present status of ocular electrosurgery, evaluating the advantages and disadvantages of this method and claiming that the advantages predominate. Electrosurgery is the method of choice in detachment of the retina, in the extraction of subluxated lenses, and in the excision or destruction of all kind of malignant tumors, whether located in the lid, conjunctiva, sclera, or cornea. Even for intraocular tumors, such as those of the iris, ciliary body, choroid, or retina, destruction with the electric needle is said to give good results. It is the operation of choice if the only seeing eye is afflicted. The treatment of glaucoma with diathermy is evaluated. The author recommends electrocoagulation in many cases of secondary glaucoma and in primary chronic glaucoma, especially when a previous operation was not successful. In the largest chapter, the author describes at length different types of detachment of the retina and gives detailed procedures for the operative treatment of this condition. The reader will benefit from the author's experience. The text is written in fairly simple German and is well illustrated.

Cell Chemistry: A Collection of Papers Dedicated to Otto Warburg on the Occasion of His 70th Birthday. Edited by Dean Burk. [Original edition appeared as Biochim. et biophys. acta, vol. 12 mo. 1/2, 1953] Cloth. $7.50. Pp. 362, with illustrations. Elsevier Publishing Company, 402 Lovett Blvd., Houston 6; 155 E. 82nd St., New York 28; 118 Spuistraat, Amsterdam C, Netherlands, 1953.

In this volume, famous biochemists from Asia, Europe, and North and South America joined in paying tribute to Otto Warburg. Their papers range over the whole field of cell chemistry, discussing such subjects as the roles of cell components such as the amino acids; mechanisms of enzyme reactions, photosynthesis, and muscle contraction; the mode of action of bishydroxycoumarin (Dicumarol) and related compounds; and the metabolism of tumors. The editor has contributed a biographical sketch of Warburg, and there is a list of his most significant discoveries. Most of the papers are in English, but there are several in German and one in French. Summaries are in all three languages. The book is beautifully printed and sturdily bound. The subject index is sketchy.

Thoracic Surgery. By Richard H. Sweet, M.D., Associate Clinical Professor of Surgery, Harvard University Medical School, Boston. Second edition. Cloth. $10. Pp. 381, with 159 illustrations by Jorge Rodriguez Arroyo, M.D. W. B. Saunders Company, 218 W. Washington St., Philadelphia 5; 7 Grape St., Shaftesbury Ave., London, W.C.2, 1954.

The fact that this second edition is published four years after the first indicates the book's popularity. There are 11 chapters dealing with the surgical anatomy of the thorax, general technical considerations, thoracic incisions, operations on the thoracic wall, and operations concerning the pleural cavity, on the lung, within the mediastinum (including the surgery of the great vessels), on the esophagus, on the abdomen through thoracic incisions, and on the diaphragm. The author states in the preface that "the present volume is based upon the concept that any properly qualified surgeon can acquire with relative ease a satisfactory proficiency in thoracic surgery by employing the techniques herein described." The discussions are based on the author's large experience and preferences. The strongly didactic style allows the book to be read with great ease. It is intended primarily for residents and surgeons who are neophytes in this field; for the experienced specialist it can hardly serve as a source book or stimulate new ideas. Certain deficiencies are apparent; for example, in a discussion of instruments, in which even suture material and needles are described in detail, there is no mention of bronchoscopy, although the bronchoscope is as essential to the thoracic surgeon as is a cystoscope to the urologist. In the discussions of various operations no results are cited, and there is a lack of critical evaluation of certain procedures, such as the so-called Wookey procedure for excision and reconstruction of the cervical esophagus using a skin flap from the neck. This is well described and beautifully illustrated, but there is no indication of the numbers of such operations that have been reported and the satisfactory results achieved. The same remarks apply to the brief discussion of thymectomy for myasthenia gravis. Surgeons who perform abdominal as well as thoracic operations would not agree with the author's reasons for using the transthoracic or abdominothoracic approach to lesions in the upper portion of the stomach that do not involve the terminal esophagus. There is a general feeling in certain quarters that the thoracoabdominal approach is too often used indiscriminately and that needless mortality and morbidity has been the result. The absence of a bibliography detracts from the value of this book. Possibly it was unavoidable that certain recent problems of interest are not considered, such as systematic thorough dissection of mediastinal lymph nodes in cancer of the lung, the use of a segment of colon for esophageal substitution, and excision of the internal mammary lymph nodes in connection with radical mastectomy.

The paper is of high quality, the type large, the binding sturdy, and the illustrations pertinent and instructive. Figure 108, summarizing the procedures used in operations on the esophagus, could well have been much larger to facilitate perusal. This treatise affords a concise, albeit not complete, highlighted summary of thoracic surgery, is a good brief introduction to the field, and may serve as a guide to the general surgeon who may be called on to undertake certain thoracic operations.

QUERIES AND MINOR NOTES

RETROLENTAL FIBROPLASIA

To the Editor:—*What are the possibilities for treatment of retrolental fibroplasia? The patient in question is 7 months old and at birth weighed 2 lb., 5 oz. (1,078 gm.).*

Charles L. Conklin, M.D., Corpus Christi, Texas.

This inquiry was referred to two consultants, whose respective replies follow.—Ed.

Answer.—Assuming that the case referred to is of average severity and in the regressive stage, the possibilities of any known curative treatment are negligible. Unless extensive retinal detachment exists, however, the ultimate visual prognosis is usually better than would be expected. Discussion of the individual indications and therapeutic possibilities of mydriatics, miotics, and surgical procedures, such as optical iridectomy, requires more space than is available here. Supportive treatment including correction of food deficiencies and other hygienic measures, should not be overlooked. Adrenocortical hormone therapy, both ocular and extraocular, may temporarily reduce the inflammatory reaction but tends to accelerate intraocular degeneration on which ultimate vision depends. The same is true of radiation therapy to reduce intraocular vascularization. Anticoagulant measures, vitamin therapy, and similar treatment methods can be of no value unless deficiencies positively exist.

Answer.—The answer depends on what is meant by retrolental fibroplasia. If the fibrous tissue forming behind the lens is a secondary reaction in the process of the retinopathy of prematurity, treatment of a 7-month-old patient is symptomatic. Treatment is generally unsatisfactory because of complete anterior peripheral synechias, a nearly obliterated anterior chamber with the lens well forward, and a totally separated retina. Some of these patients have glaucoma; others have late stages of nonreversible atrophy; and still others exhibit partially separated retinas held in fixed folds or stalks. The treatment of the advanced atrophic stage is also obviously hopeless. The group with retinal stalks, fixed retinal folds, or both do not require active treatment.

A considerable number of diseases and many agents cause fibrous tissue to form behind the lens, and this is true with full-term infants and children. The retina is not necessarily separated. Removal of a cataract or its remnants in carefully selected nonprematurity types and careful construction of a window through the inflammatory membrane may result in improvement of vision.

If the correspondent's question relates to premature infants in the second stage of the retinopathy of prematurity with an organized vitreous, separated retina, and fibrous membrane formations behind the lens, no treatment, except symptomatic, is of value. Much can be done for these blind children by modern educational and social techniques. The mentality of these unfortunate infants and children is normal within the scope of the handicap.

GOUT AND THE CONSUMPTION OF ALCOHOL

To the Editor:—*A 66-year-old patient periodically has gout. I wish to ascertain for him the difference, if any, between the gout-exciting effects of the Scotch-type whiskies (of rapid maturity) and any of the American types of whiskies from a physiological, biochemical standpoint.*

M.D., Virginia.

Answer.—A relationship between intemperance and the development and course of gout was accepted without question by our medical forefathers of the last century. Today this relationship appears to be a hazy one at best and, in fact, there may be no relationship whatsoever. Sir Alfred Garrod, a leading rheumatologist of the mid-nineteenth century, wrote, "There is no truth in medicine better established than the fact that the use of fermented liquors is the most powerful of all predisposing causes of gout." He suspected that gout might not even exist were it not for alcohol. Further opinions of this period concerning the relationship were that distilled spirits had little power to induce gout, that heavy wines, ales, and porter were potent agents, that gout was less frequently found in Scotland, where whisky was popular, than in England, where the upper classes of society preferred wines and ales. Lighter wines, such as Moselle and champagne, were considered capable of causing attacks in persons with gout but were thought to have little power to induce the disease. A reason for this supposed influence of alcohol on gout was not known. An influence on resistance to infection was suspected, also an influence on absorption of foods from the gastrointestinal tract; also a toxic effect upon the liver or kidneys was suspected. There was no explanation for the different degrees of influence attributed to the several varieties of alcohol-containing liquids. Today it requires only casual investigation to discover that these beliefs concerning gout and alcohol were founded largely on rough clinical impressions and on superficial investigations. No definite relationship has been proved. One study conducted in recent years indicated that average alcohol intake for a series of patients with gout did not differ materially from that of persons without gout. Thirty per cent of the patients with gout in this series claimed to be total abstainers or took only occasional drinks. The inquirer is advised, therefore, that there are no data on which to base an answer to his patient's query and that available studies relating to influence of alcohol on the incidence of gout or on its symptoms are not reliable. Inasmuch as patients with gout have frequently reported occurrence of attacks after drinking bouts, complete avoidance of all alcohol-containing drinks for patients with gout is recommended.

EMPHYSEMA TREATED WITH ACTH

To the Editor:—*A physician, aged 77, has emphysema with dyspnea on exertion. He had cardiac fibrillation two years ago and an attack six months ago, preceded by nausea and vomiting. The electrocardiogram showed no abnormalities. Results of laboratory examinations were negative except for a slightly low hemoglobin level and 3,400,000 red blood cells. He decided to make a guinea pig of himself and try corticotropin (ACTH). He tried it for several months and felt much better and so discontinued this therapy. Two months ago he again began taking 40 units in gelatin twice a week. Again he feels better and has had no bad results. Can he continue to use it?*

M.D., Tennessee.

Answer.—The mechanism of action of corticotropin (ACTH) or cortisone in emphysema is not yet established. In some instances emphysema may be related to bronchiolar obstruction and relief from use of these hormones may be due to relaxation of the obstructing mechanism in a fashion similar to that observed with the use of corticotropin or cortisone in asthmatic episodes (Barach, A. L.: *J. A. M. A.* **147**:730-731 [Oct. 20] 1951). In other instances relief might be ascribed to the general feeling of well-being that may be produced by these hormones rather than to any specific effect of the hormones on the emphysema. However, the experiences of some patients whose pulmonary function has been severely embarrassed by abrupt withdrawal of these hormones (Keeton, R. W., and others: *J. Lab. & Clin. Med.* **36**:843 [Nov.] 1950) suggests that the effect of corticotropin or cortisone is more than can be easily attributed to stimulation or a euphoric sense of well-being.

Additional information is needed concerning the basis for the emphysema in this inquirer. If corticotropin is used, either interrupted courses or maintenance dosage schedules may be con-

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The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically so stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

sidered. However, much remains to be learned about the effects and optimal methods of use of such therapy. The use of corticotropin on a maintenance basis would probably be materially aided by attempts to reduce the dose from time to time. Reductions of about 5 units of corticotropin at a time may be satisfactory. The frequency of attempts at subsequent reductions of the dose will vary with the response to the reduced dose as well as to that of previous reductions but may be more satisfactorily accomplished if undertaken slowly, perhaps not oftener than every two or three weeks or so. Use of the smallest possible dosage at all times will increase the likelihood of prolonged tolerance for exogenously administered corticotropin (or cortisone).

When this treatment is being discontinued, slow tapering off is advised. Patients who are receiving or have received significant amounts of exogenous corticotropin or cortisone may have a reduced endogenous response of the pituitary and adrenal glands in the event of significant stress. Such patients and their physicians need to be aware of the possible need for large supplemental amounts of these hormones in such circumstances. (Ward, L. E., and others: *J. A. M. A.* **152:**119-126 [May 9] 1953; Salassa, R. M., and others: *ibid.* **152:**1509-1515 [Aug. 15] 1953).

CONTROL OF HEMORRHAGE IN HEMOPHILIACS

To the Editor:—*I observed two hemophiliacs with hemorrhages in the course of operations. All measures resorted to were of no avail. Then I pricked the finger of a person of a different blood group than that of the patient, soaked a piece of cotton in the blood of the former and applied the soaked cotton to the patient. The hemorrhage was immediately controlled. Has the American medical profession resorted to the use of blood of a person of a different blood group for the control of hemorrhages?*

A. Lago Hoz, M.D., Granada, Spain.

Answer.—It is extremely unlikely that the American medical profession has begun to use incompatible blood as a hemostatic agent. In regard to the cases in question, doubt must be expressed that the incompatibility had anything to do with the observed hemostasis as is inferred in the above query. The substance lacking in true hemophilia is a protein designated as antihemophilic globulin. When this globulin is supplied to the blood of a hemophiliac, plasma thromboplastin can be formed and clotting will occur. What apparently happened in the cases described above was that the blood taken from another person (who happened accidentally to be of another blood group), was normal in its content of antihemophilic globulin and thus was able to provide sufficient amounts of this factor for clotting to take place.

GASTROINTESTINAL SUCTION

To the Editor:—*I am interested in gastrointestinal suction for decompression of the intestinal tract. 1. What is the proper amount of negative pressure that should be used? 2. Is there any advantage of having the suction intermittent instead of continuous?*

M.D., Massachusetts.

Answer.—The limits of negative pressure applied to indwelling gastric or long intestinal tube for satisfactory decompression are probably quite wide. The Wangensteen suction apparatus creates a maximum negative pressure of 65 to 70 cm. H_2O when fluids are aspirated and 150 to 160 cm. H_2O results as gaseous deflation occurs. A twofold or threefold increase in suction often collapses the intestinal tube. The clinical application of one-half suction shows no significant difference from results using a standard degree of suction. Continuous excessive negative pressure may cause necrosis of the intestinal wall owing to herniation of the mucosa into the suction holes of the tubing. This mechanism can also prevent decompression and migration of long intestinal tube if the mucosa is not dislodged by peristaltic activity. According to Wangensteen and Paine (*Minnesota Med.* **16:**96-100, 1933), from experimental tests and clinical trial the optimal continuous negative pressure would appear to be 75 to 100 cm. H_2O. Suction of this magnitude does not permanently engage the elastic intestinal wall and offers effective decompression.

The application of intermittent suction of high negative pressure (8 to 10 cm. Hg) should probably be restricted to decompression of the bowel by aseptic decompressive enterotomy, as shown by Wangensteen (Intestinal Obstructions, ed. 2, Springfield, Ill., Charles C Thomas, Publisher, 1942), or stylet directed long tube intubation at the time of surgery, as reported by Smith (*Surgery* **32:**17-30, 1952). Surgical decompression is utilized in patients after failure of preoperative measures to relieve the distention. Such failures are commonly due to the thick fluid content of the bowel, which renders decompression sluggish even when a continuous negative pressure of 100 cm. H_2O is used. In such cases, rapid decompression is afforded with either a large syringe or a motor-driven suction pump attached to the intestinal tube through a "Y" adapter. The side arm of the adapter is left open as the catheter is threaded down the intestine and closed for suction as gas and fluid are encountered. In as much as suction is applied only in areas of pooled secretions or gas accumulation, a strong negative pressure may be safely employed to facilitate rapid decompression.

OZONE

To the Editor:—*Is it true that "in the same concentration ozone is more deadly than carbon monoxide?" I read this disturbing statement and, if it is true, how dangerous are the ozone electric bulbs that are used in thousands of homes for their deodorizing properties? Have any controlled tests been done to prove or disprove the deodorizing value of ozone? Also, does it have any valuable therapeutic effects? Finally, if it is toxic, how does it produce its toxic effects and what are the clinical symptoms of ozone toxicity?*

Anthony E. Loscalzo, M.D., New York.

Answer.—The statement in quotation marks is strictly in accord with data published annually by the American Conference of Governmental Industrial Hygienists (*A. M. A. Arch. Indust. Hyg.* **8:**296-298 [Sept.] 1953). Workers should not be exposed to a working environment containing ozone in excess of 1 ppm. The corresponding figure for carbon monoxide is 100 ppm. Ozone is an extremely irritating gas that can be smelled in concentrations much less than 1 ppm and at 5 ppm is fatal to many laboratory animals. Protracted inhalation in man causes headache, reddening of the eyes, coughing, and severe malaise; sufficiently high concentrations cause death by pulmonary edema because of the intensely irritating effect on mucous and respiratory membranes. This is in marked contrast to carbon monoxide, which is odorless and nonirritating and acts by competing with oxygen for the hemoglobin of the blood; if it fails to reach asphyxiating concentrations, it is exhaled again slowly during the breathing of fresh air, leaving no local or parenchymatous effects. The ozone-generating lamps in common use are probably innocuous because of the insignificant concentrations they produce; they are also quite ineffective against common odoriferous substances like butyric acid. This has been demonstrated in well-contratested experiments that are easily performed. The editorial statement in The Journal, Sept. 27, 1913, page 1045, is still true: Ozone "produces no reaction in the human organism or in the lower animals that can be regarded as in any degree beneficial either in combating or warding off infectious diseases. On the contrary, all appreciable physiologic changes produced by the inhalation of ozone are distinctly of an injurious or weakening character."

EXCESSIVE ESTROGEN PRODUCTION

To the Editor:—*I shall appreciate information on the treatment of excessive estrogen production in the woman (hyperfolliculinemia). Will deep x-ray treatment of the lower spine (massive doses) result in such an endocrine condition, aside from producing artificial menopause?*

M.D., New York.

Answer.—Excessive production of estrogen is difficult to demonstrate clinically. In precocious puberty, ovarian function is initiated prematurely and results in the development of the secondary sex characters and the organs of reproduction. In certain neoplasms of the ovary, such as the granulosa cell tumors, estrogen production is common. Estrogens may be pres-

ent in excessive amounts during dysfunctional disturbances of ovarian function, which result in anovulatory cycles. This may occur during adolescence, during the active reproductive years, and at the climacteric. The endometrial hyperplasia of the endometrium associated with this condition is said to be due to unopposed estrogenic stimulation. However, estrogens will not produce abnormal endometrial hyperplasia. Deep therapy of the lower spine with the induction of an artificial menopause should result in the extinction of ovarian function rather than excessive estrogen production. However, there are some data that indicate that minimal amounts of estrogens may be produced by the ovaries after radiation menopause.

BLOODSHOT EYES

To the Editor:—*A 28-year-old man complains that his eyes become bloodshot on the slightest provocation and that he is completely free of an accompanying feeling of a foreign body in the conjunctiva only on very cloudy days or if he stays in the dark. He is moderately myopic but does not wear glasses, because his conjunctivas become more hyperemic than if he does not wear them. There is no sign of infection and no other abnormality of the eyes. Therapy with eye drops and ointments, including antibiotics, mydriatics, miotics, antiallergics, and even Staphylococcus desensitizations, failed to give relief. Dark glasses were of little value. What therapy would be helpful for this man?*

M.D., Massachusetts.

This inquiry was referred to two consultants whose respective replies follow.—Ed.

Answer.—Before one can suggest therapy, a careful diagnostic survey should be made, including determination of the refractive error and muscle balance, cultures, smears, and scrapings of the conjunctivas, examination of the lacrimal apparatus, including the Schirmer Test for the adequacy of tears, and slit lamp study of the cornea stained with fluorescein. In addition a thorough general medical study might be of value in helping to establish the etiology. Only after a more exact diagnosis is established can proper therapy be instituted.

Answer.—Hyperemia of the conjunctiva is a very common condition and may be due to a wide variety of causes. It may be the result of local infection or may be due to direct conjunctival irritation; common causes are foreign bodies, dust, chemical fumes, strong wind, bright light, and extreme heat and cold. A superficial punctate keratitis is often associated with unusual hyperemia and a sensation of a foreign body in the eyes. In many instances this diagnosis may be made only with the aid of a slit lamp after the instillation of 2% sodium fluorescein. In some cases it is due to a staphylococcic blepharitis, a virus, or sensitivity. Rarely, an inaccurately corrected refracted error may be the cause of such symptoms.

POSITIVE SEROLOGIC TEST DURING PREGNANCY

To the Editor:—*Occasionally during pregnancy a woman will have a positive routine flocculation test for syphilis when she gives no evidence of syphilis in the past or congenital syphilis and perhaps even has a negative serologic test at the first prenatal visit. Is this not a false positive test in most instances? Is it correct to go ahead and treat all women with supposedly false positive tests anyway? What is the accepted treatment now for latent maternal syphilis and by what period of gestation does treatment have to be completed so that the infant will not have congenital syphilis? If the patient is allergic to pencillin, what is the next most satisfactory treatment and by what period of gestation must this be completed so that the infant will be protected? If the patient is past the period of gestation when treatment should be completed and a false positive serologic reaction is suspected but there is no way of being sure, is it best to treat or to wait and see?*

Arthur A. Smith, M.D., Kentucky.

Answer.—The present situation with regard to biological false positive serologic tests for syphilis, whether during pregnancy or otherwise, is described in two recent articles by Moore and Mohr (*J. A. M. A.* **150**:467 [Oct. 4] 1952; *Ann. Int. Med.* **37**:1156 [Dec.] 1952). Under the circumstances described (discrepant serologic tests in a pregnant woman preceded by a previously negative serologic test), the physician is justified in suspecting biological false positivity. The suspicion may be verified by the performance of a treponemal immobilization test. Under ordinary circumstances, it is not correct to administer antisyphilitic treatment to suspected biological false positive reactors. An exception may be made in the case of pregnant women when determination of the fact of biological false positivity may require several months, representing time lost if the mother actually proves to have syphilis.

The accepted treatment for syphilis in pregnancy, regardless of the type of maternal syphilis, is penicillin; 6 million units of repository penicillin should be administered over a 10 to 20 day period during any stage of pregnancy up to the ninth month (preferably at the fourth or fifth month). It offers almost certain protection to the infant. If the patient is allergic to penicillin G, the nonallergenic penicillin O may often be given with complete safety under the same circumstances as penicillin G itself.

Of the other antibiotics with treponemicidal effect, the two most effective are probably carbomycin (Magnamycin) and erythromycin, but neither of these is as effective as penicillin for this purpose. If the patient is past the eighth month of pregnancy and is suspected of being a biological false positive reactor, it is probably just as well to "wait and see," following the infant with quantitatively titered serologic tests at two-week intervals for the first four months of life.

MALARIA ASSOCIATED WITH BACTERIAL SEPTICEMIA

To the Editor:—*Is it uncommon for a blood stream infection, due to streptococci or other organisms, to be associated with malaria? Is it possible to give the sulfonamides, antibiotics, and antimalarial drugs in sufficient amounts at the same time?*

H. E. Dester, M.D., India.

Answer.—In a large experience among American soldiers bacteremia or septicemia was not commonly associated with malaria. However, there is no reason why a patient suffering from malaria and at the same time from a bacterial infection should not receive antimalarial and sulfonamide or antibiotic therapy concomitantly. The dangers would be those reactions of sensitivity that might occur if either type of therapy was being given singly. There is no reason to believe that the drugs would act synergistically in producing toxic reactions.

ETHER RECOVERED FROM THE BRAIN

To the Editor:—*If a toxicologist recovered 0.6 cc. of ether in 500 gm. of brain, would this by itself be a lethal dose apart from all other considerations? That is, could one say in this case that the patient had had a poisonous amount of ether?*

Joseph Galasso, M.D., New York.

Answer.—Six-tenths cubic centimeter of ether weighs about 0.4 gm. In 1,000 gm. of brain tissue one would have 0.8 gm. of ether. For ordinary full surgical anesthesia one needs 1.5 gm. of ether per 1,000 gm. of tissue; therefore, it seems quite evident that the amount of ether extracted by the toxicologist, far from being a seriously large dose, is only enough to produce very light anesthesia.

SENSE OF SMELL

To the Editor:—*Is there a drug that will decrease or eliminate the sense of smell for most or all odors?*

M.D., California.

Answer.—A local anesthetic that will anesthetize mucous membranes by topical application may decrease or eliminate the sense of smell. Most satisfactory for this purpose would be tetracaine hydrochloride U. S. P. in 2% solution. Central depressant agents in narcotic doses may be sufficient to depress the sense of smell. Such drugs, however, would not be useful

in decreasing the sense of smell if the patient concerned is to keep on working in a smell-polluted atmosphere. Astringent metallic salts in solution may have some effect in reducing the sense of smell. Zinc sulfate in a 1% solution as a topical astringent may so be employed, but it may injure the nasal mucous membrane on repeated application.

PREGNANCY AND ULCERATIVE COLITIS

To the Editor:—*What is the present attitude toward pregnancy of 10 weeks' gestation in a young woman with chronic ulcerative colitis? She had a severe episode following a gestation in 1952. Is a therapeutic abortion to be considered? The colon is relatively quiescent at the moment. The patient has two children who are living and well.*

Alfred H. Hathcock, M.D., Fayetteville, Ark.

Answer.—Patients with ulcerative colitis are much more likely to have pregnancy complications than normal persons. Pregnancy may lead to exacerbations of the colitis with serious chronic blood loss and nitrogen depletion, which may be difficult to manage. Most authorities agree that only those women in whom the colitis is well controlled should be allowed to become pregnant after a careful discussion with them about all the problems pregnancy entails. Therapeutic abortion, however, is indicated rarely. Although the termination of this pregnancy is not indicated, future childbearing may not be advisable.

TOILET SEATS

To the Editor:—*I am constructing a new office building and would like information on sterilization of toilet seats. My practice is limited to obstetrics and gynecology. Is it necessary to sterilize toilet seats; if so what is the best method? I have seen in public places a contrivance that sterilized by ultraviolet light. Is this practical?*

Walter H. Simmons, M.D., Jackson, Miss.

Answer.—The most practical way to clean a toilet seat is by the use of soap and water and an appropriate antiseptic solution. The use of ultraviolet rays for sterilization of toilet seats is impractical. To kill a bacterium, the ultraviolet ray must strike the bacterium. Thin films of oil, such as are found in perspiration from the body, absorb the ultraviolet rays and thus prevent adequate action on bacteria lying under or in oily or mucopurulent secretions.

CIRCUMCISION

To the Editor:—*In Queries and Minor Notes in* The Journal, *Dec. 19, 1953, under the heading "Circumcision," there is an implication that ritual circumcision precludes the use of sutures. Having done ritual circumcisions, I have gone into the matter thoroughly with both orthodox and reformed rabbis. In checking the ritual practice, I find no place that precludes the use of sutures. According to the "Response to Chaplains 1948 to 1953" of the Commission on Jewish Chaplaincy in reference to the Shulhan Aruk, the Jewish law speaks of three elements in circumcision: (1) the cutting of the foreskin (the chaticha), (2) the moving back of the under membrane (periah), and finally, (3) the sucking of the blood (metziza). "The circumcision may be done with anything that cuts. The entire foreskin which covers the glans penis should be cut, and thereafter the soft membrane should be torn with the nail and shoved down on all sides" (Pardo, J.: "Abridged Shulhan Arukh," New York, Hebrew Publishing Co., 1928).*

There is no problem in regard to the cutting of the foreskin, for surgeons do it as the mohelim do. The periah or retraction of the foreskin has proved to be the point of dissension in modern surgical methods. Most surgeons use a metal probe to break the adhesions prior to pushing the foreskin back. According to the ritual, it should be done manually with the thumbnail. This is a minor point, and I see no objection to performing it; in fact I have done so in almost all circumcisions, ritual and nonritual. There is no serious question any longer about the sucking of blood, because this has been discontinued and the universal custom is merely to use pads of absorbent cotton. The metziza, the sucking of the blood, is not considered an essential part of the ritual. However, in ritual circumcisions I have included the metziza by using a 5 cc. syringe barrel with a small bulb on its tip to provide the suction required. This can be easily sterilized and makes asepsis possible in a procedure that was once quite septic. This completes the ritualistic portion of the circumcision, and as far as I can ascertain, the removal of the foreskin can then be accomplished by any method including the use of circumcision guard or even the Gomco clamp. Bleeding, of course, must be controlled and may be performed by use of suturing as indicated. When the Gomco clamp is used, bleeding can not be considered a major factor, as all reports in the literature have proved. The main objection to the use of the Gomco clamp in the past has been that it resulted in what was considered a bloodless operation, and in all circumcisions a few drops of the "blood of the covenant" must be caused to flow for the circumcision to be considered valid.

Milton Turner, M.D.
2406 Rio Grande, Austin, Texas.

To the Editor:—*In reference to the Queries and Minor Notes about "Circumcision" in* The Journal, *Dec. 19, 1953, the use of sutures in religious circumcisions is not against Jewish law. The use of sutures is, as the second consultant points out, a surgical problem. According to my experience with far more than 1,000 circumcisions, there seems to be no need for sutures in normal cases. A strip of gauze with white petrolatum (Vaseline) wrapped around behind the glans penis controls bleeding without harm. This strip should be removed after 24 hours and replaced by a loose dressing with boric acid ointment or one of the modern antibiotic ointments (containing penicillin or oxytetracycline [Terramycin]). Healing takes place within a few days. In case of severe hemorrhage, which occurs in exceptional cases (less than 1%), sutures must be applied. This is, as was pointed out before, in no way forbidden by the religious law.*

Adolf Lowenthal, M.D.
230 W. 105th St., New York 25.

To the Editor:—*In reply to a question by Dr. Samuel Newman in* The Journal, *Dec. 19, 1953, on circumcision without using sutures, no mention is made of the use of the Gomco clamp. This instrument is used by almost all obstetricians. It requires no sutures, the result is excellent, and there is a minimum of blood loss. It is a perfect answer for ritual circumcisions. The entire operation can be completed within two minutes. For technique, I refer Dr. Newman to my description in "Clinical Obstetrics," edited by C. B. Lull and R. A. Kimbrough (Philadelphia, J. B. Lippincott Company, 1953).*

Clarence Conway Briscoe, M.D.
811 Spruce St., Philadelphia 7.

ELECTIVE STERILIZATION OF WOMAN

To the Editor:—*In* The Journal, *Feb. 6, 1954, page 544, is a question as to methods of "Elective Sterilization of Woman." One of the replies suggests inquiry as to state laws before proceeding with the undertaking.*

English common law is the common law of the United States, and courts have frequently made decisions based on English law, especially laws antedating 1776. The British Medical Journal *has reported cases in which a second spouse has recovered heavy damages from anyone who performed operations resulting in sterilization of either men or women. Consent of a current husband does not abrogate the rights of a future husband who may expect his wife to be fertile and desire a child by her. This point may be of interest to surgeons who are asked to sterilize a woman who is proving more fertile than is convenient to herself or her present husband.*

Malcolm H. V. Cameron, M.D.
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JOURNALS ABSTRACTED IN THE CURRENT MEDICAL LITERATURE DEPARTMENT, JANUARY-APRIL 1954

Titles have been listed or abstracts made of important articles in the following journals in the Current Medical Literature Department of THE JOURNAL during the past four months. Any of the journals, except those starred, will be lent by THE JOURNAL to individual subscribers in Continental United States and Canada and to members of the American Medical Association and its student organization. No charge is made to members, but the fee for other borrowers is 15 cents in stamps for each periodical. Three journals may be borrowed at a time for a period not exceeding five days. Requests should be addressed to the Library of the American Medical Association. Thus most of these journals are accessible to the general practitioner.

*A. M. A. American Journal of Diseases of Children. Chicago.
*A. M. A. Archives of Dermatology and Syphilology. Chicago.
*A. M. A. Archives of Industrial Hygiene and Occupational Medicine. Chicago.
*A. M. A. Archives of Internal Medicine. Chicago.
*A. M. A. Archives of Neurology and Psychiatry. Chicago.
*A. M. A. Archives of Ophthalmology. Chicago.
*A. M. A. Archives of Otolaryngology. Chicago.
*A. M. A. Archives of Pathology. Chicago.
*A. M. A. Archives of Surgery. Chicago.
Acta chirurgica scandinavica. Stockholm.
Acta endocrinologica. Copenhagen.
Acta medica scandinavica. Stockholm.
Acta paediatrica. Stockholm.
American Heart Journal. St. Louis.
American Journal of Clinical Pathology. Baltimore.
American Journal of Digestive Diseases. Fort Wayne, Ind.
American Journal of Human Genetics. Baltimore.
American Journal of Hygiene. Baltimore.
American Journal of the Medical Sciences. Philadelphia.
American Journal of Medicine. New York.
American Journal of Obstetrics and Gynecology. St. Louis.
American Journal of Ophthalmology. Chicago.
American Journal of Orthopsychiatry. New York.
American Journal of Pathology. Ann Arbor, Mich.
American Journal of Physical Medicine. Baltimore.
American Journal of Physiology. Washington.
American Journal of Psychiatry. New York.
American Journal of Psychotherapy. New York.
American Journal of Public Health. New York.
American Journal of Roentgenol. and Radium Therapy. Springfield, Ill.
American Journal of Surgery. New York.
American Journal of Syphilis, Gonor. and Venereal Diseases. St. Louis.
American Journal of Tropical Medicine and Hygiene. Baltimore.
American Practitioner and Digest of Treatment. Philadelphia.
American Review of Tuberculosis. New York.
American Surgeon. Atlanta, Ga.
Anales de la Facultad de medicina de Montevideo. Montevideo.
Anesthesiology. New York.
Angiology. Baltimore.
Annales de médecine. Paris.
Annals of Allergy. Minneapolis.
Annals of Internal Medicine. Lancaster, Pa.
Annals of Otology, Rhinology and Laryngology. St. Louis.
Annals of the Rheumatic Diseases. London.
Annals of Surgery. Philadelphia.
Antibiotics and Chemotherapy. Washington, D. C.
Archiv für Dermatologie und Syphilis. Berlin.
Archiv für Geschwulstforschung. Leipzig.
Archiv für Kinderheilkunde. Stuttgart.
Archiv für klinische Chirurgie. Berlin.
Archives of Disease in Childhood. London.
Archives françaises de pédiatrie. Paris.
Archives des maladies du coeur et des vaisseaux. Paris.
Archives of Pediatrics. New York.
Archives of Physical Medicine and Rehabilitation. Chicago.
Archivio italiano di chirurgia. Bologna.
Archivio italiano di dermatologia, sifilografia e venereologia. Bologna.
Archivio italiano di pediatria e puericoltura. Bologna.
Archivio italiano di urologia. Bologna.
Archivos argentinos de pediatría. Buenos Aires.
Archivos médicos panameños. Panama.
Archivum chirurgicum neerlandicum. Arnhem.
Arizona Medicine. Phoenix.
Ärztliche Wochenschrift. Berlin.
Australasian Annals of Medicine. Sydney.
Australian and New Zealand Journal of Surgery. Sydney.
Bacteriological Reviews. Baltimore.
Beiträge zur klinischen Chirurgie. Munich.
Blood. New York.
Boletín médico del Hospital infantil. Mexico, D. F.
Brain. London.
British Heart Journal. London.
British Journal of Cancer. London.
British Journal of Dermatology. London.
British Journal of Experimental Pathology. London.
British Journal of Industrial Medicine. London.
British Journal of Ophthalmology. London.
British Journal of Radiology. London.
British Journal of Surgery. Bristol.
British Journal of Tuberculosis. London.
British Journal of Urology. London.
British Journal of Venereal Diseases. London.
British Medical Journal. London.
Bruxelles-médical. Brussels.
Bulletin of the Johns Hopkins Hospital. Baltimore.
Bulletin of the New York Academy of Medicine. New York.
Bulletin of the World Health Organization. Geneva.
California Medicine. San Francisco.
Canadian Journal of Medical Sciences. Ottawa.
Canadian Medical Association Journal. Montreal.
Cancer. Philadelphia.
Cancer Research. Chicago.
Chinese Medical Journal. Peking.
Chirurg. Berlin.
Chirurgia toracica. Rome.
Circulation. New York.
Circulation Research. New York.
Clinica. Bologna.
Clinica pediatrica. Bologna.
Clinica terapeutica. Rome.
Clinical Science. London.
Connecticut State Medical Journal. Hartford.
Delaware State Medical Journal. Wilmington.
Dermatologica. Basel.
Deutsche medizinische Wochenschrift. Stuttgart.
Diabetes. New York.
Die Medizinische. Stuttgart.
Diseases of Chest. Chicago.
Diseases of the Nervous System. New York.
East Africa Medical Journal. Nairobi.
Edinburgh Medical Journal. Edinburgh.
Electroencephalography and Clinical Neurophysiology. Montreal.
Endocrinology. Springfield, Ill.
Fertility and Sterility. Philadelphia.
Fortschritte auf dem Gebiete der Röntgenstrahlen vereinigt mit Röntgenpraxis. Stuttgart.
Gastroenterology. Baltimore.
Gazzetta medica italiana. Milan.
Geburtshilfe und Frauenheilkunde. Stuttgart.
Geriatrics. Minneapolis.
Giornale di clinica medica. Parma.
Giornale italiano di chirurgia. Naples.
Glasgow Medical Journal. Glasgow.
GP (Journal of American Academy of General Practice). Kansas City, Mo.
Hawaii Medical Journal. Honolulu.
Helvetica paediatrica acta. Basel.
Illinois Medical Journal. Chicago.
Industrial Medicine and Surgery. Chicago.
International Journal of Leprosy. New Orleans.
Irish Journal of Medical Science. Dublin.
Journal of Allergy. St. Louis.
Journal of the American Geriatrics Society. Baltimore.
Journal of the American Medical Women's Association. Nashville, Tenn.
Journal of Applied Physiology. Washington, D. C.
Journal of Arkansas Medical Society. Fort Smith.
Journal of Aviation Medicine. St. Paul.
Journal of Bacteriology. Baltimore.
Journal of Bone and Joint Surgery. Boston and London.
Journal of Clinical Endocrinology and Metabolism. Springfield, Ill.
Journal of Clinical Investigation. New York.
Journal of Clinical Nutrition. Allentown, Pa.
Journal of Clinical Pathology. London.
Journal of Comparative Neurology. Philadelphia.
Journal of Endocrinology. London.
Journal of Experimental Medicine. New York.
Journal of the Florida Medical Association. Jacksonville.
Journal of Forensic Medicine. Cape Town.
Journal of Gerontology. St. Louis.
Journal of Histochemistry and Cytochemistry. Baltimore.
Journal of Hygiene. London.
Journal of Immunology. Baltimore.
Journal of the Indiana State Medical Association. Indianapolis.
Journal of Infectious Diseases. Chicago.
Journal of International College of Surgeons. Chicago.
Journal of Investigative Dermatology. Baltimore.

* Cannot be lent.

Journal of the Iowa State Medical Society. Des Moines.
Journal of the Irish Medical Association. Dublin.
Journal of the Kansas Medical Society. Topeka.
Journal of the Kentucky State Medical Association. Bowling Green.
Journal of Laboratory and Clinical Medicine. St. Louis.
Journal of Laryngology and Otology. London.
Journal of the Maine Medical Association. Portland.
Journal de médecine de Lyon. Lyon.
Journal of the Medical Association of the State of Alabama. Montgomery.
Journal of the Medical Association of Georgia. Atlanta.
Journal of the Medical Society of New Jersey. Trenton.
Journal of Mental Science. London.
Journal of the Michigan State Medical Society. Lansing.
Journal of the Mount Sinai Hospital. New York.
Journal of National Cancer Institute. Washington, D. C.
Journal of Nervous and Mental Disease. New York.
Journal of Neurology, Neurosurgery and Psychiatry. London.
Journal of Neuropathology and Experimental Neurology. Baltimore.
Journal of Neurophysiology. Springfield, Ill.
Journal of Neurosurgery. Springfield, Ill.
Journal of Nutrition. Philadelphia.
Journal of Obstetrics and Gynaecology of the British Empire. Manchester.
Journal of the Oklahoma State Medical Association. Oklahoma City.
Journal of Pathology and Bacteriology. Edinburgh.
Journal of Pediatrics. St. Louis.
Journal of Pharmacology and Experimental Therapeutics. Baltimore.
Journal of the Philippine Medical Association. Manila.
Journal of Physiology. Cambridge.
Journal of School Health. Buffalo, N. Y.
Journal of the South Carolina Medical Association. Florence.
*Journal of the Student American Medical Association. Chicago.
Journal of the Tennessee State Medical Association. Nashville.
Journal of Thoracic Surgery. St. Louis.
Journal of Tropical Medicine and Hygiene. London.
Journal of Urology. Baltimore.
Journal-Lancet. Minneapolis.
Kinderärztliche Praxis. Leipzig.
Klinische Monatsblätter für Augenheilkunde. Stuttgart.
Klinische Wochenschrift. Berlin.
Laboratory Investigation. Philadelphia.
Lancet. London.
Laryngoscope. St. Louis.
Leprosy Review. London.
Lille chirurgical. Lille.
Louisiana State Medical Society Journal. New Orleans.
Maandschrift voor kindergeneeskunde. Leyden.
Maryland State Medical Journal. Baltimore.
Medical Annals of the District of Columbia. Washington.
Medical Journal of Australia. Sydney.
Medicina. Buenos Aires.
Medicine. Baltimore.
Mental Hygiene. Albany, N. Y.
Metabolism. New York.
Military Surgeon. Washington, D. C.
Minerva anestesiologica. Turin.
Minerva ginecologica. Turin.
Minerva medica. Turin.
Minerva pediatrica. Turin.
Minnesota Medicine. St. Paul.
Missouri Medicine. St. Louis.
Monatsschrift für Kinderheilkunde. Berlin.
Münchener medizinische Wochenschrift. Munich.
Nebraska State Medical Journal. Lincoln.
Nederlandsch tijdschrift voor geneeskunde. Amsterdam.
Neurology. Minneapolis.
New England Journal of Medicine. Boston.
New Jersey Medical Society Journal. Trenton.
New York State Journal of Medicine. New York.
New Zealand Medical Journal. Wellington.
Nordisk medicin. Stockholm.
North Carolina Medical Journal. Winston-Salem.
Northwest Medicine. Seattle.
Ohio State Medical Journal. Columbus.
Oral Surgery, Oral Medicine and Oral Pathology. St. Louis.
Pediatria. Naples.
Pediatrics. Springfield, Ill.
Pennsylvania Medical Journal. Harrisburg.
Plastic & Reconstructive Surgery. Baltimore.
Policlinico (Practical Section). Rome.
Postgraduate Medicine. Minneapolis.
Practitioner. London.
Presse médicale. Paris.
Proceedings of Royal Society of Medicine. London.
Proceedings of the Society for Experimental Biology and Medicine. Utica, N. Y.
Proceedings of Staff Meetings of Mayo Clinic. Rochester, Minn.
Psychiatric Quarterly. Utica, N. Y.
Psychiatry. Washington, D. C.
Psychosomatic Medicine. New York.
Public Health Reports. Washington, D. C.
Quarterly Bulletin of Sea View Hospital. Staten Island, N. Y.
Quarterly Journal of Medicine. Oxford.
Quarterly Journal of Studies on Alcohol. New Haven, Conn.
Radiology. Syracuse, N. Y.
Review of Gastroenterology. New York.
Revista de la Asociación médica argentina. Buenos Aires.
Revista clínica española. Madrid.
Revista de investigación clínica. Mexico, D. F.
Revista paulista de medicina. São Paulo.
Revue neurologique. Paris.
Revue du rhumatisme. Paris.
Rhode Island Medical Journal. Providence.
Riforma medica. Naples.
Rivista di clinica pediatrica. Florence.
Rivista di ostetricia e ginecologia pratica. Milan.
Rivista di patologia e clinica della tubercolosi. Bologna.
Rocky Mountain Medical Journal. Denver.
Schweizerische medizinische Wochenschrift. Basel.
Semaine des hôpitaux de Paris. Paris.
Semana médica. Buenos Aires.
Settimana medica. Florence.
South African Medical Journal. Cape Town.
South Dakota Journal of Medicine and Pharmacy. Sioux Falls.
Southern Medical Journal. Birmingham, Ala.
Southwestern Medicine. El Paso, Texas.
Stanford Medical Bulletin. San Francisco.
Strahlentherapie. Munich.
Strasbourg médical. Strasbourg.
Surgery. St. Louis.
Surgery, Gynecology and Obstetrics. Chicago.
Texas Reports on Biology and Medicine. Galveston.
Texas State Journal of Medicine. Fort Worth.
Thorax. London.
Tidsskrift for den norske lægeforening. Oslo.
Tórax. Montevideo.
Transactions of the Royal Society of Tropical Medicine and Hygiene. London.
Tubercle. London.
Tuberkulosearzt. Stuttgart.
Ugeskrift for læger. Copenhagen.
United States Armed Forces Medical Journal. Washington, D. C.
Virginia Medical Monthly. Richmond.
Western Journal of Surgery, Obstetrics and Gynecology. Portland, Ore.
West Virginia Medical Journal. Charleston.
Wiener medizinische Wochenschrift. Vienna.
Wisconsin Medical Journal. Madison.
Yale Journal of Biology and Medicine. New Haven.
Zeitschrift für die gesamte innere Medizin. Leipzig.
Zeitschrift für Hygiene und Infektionskrankheiten. Heidelberg.
Zeitschrift für Kreislaufforschung. Darmstadt.
Zeitschrift für Orthopädie. Stuttgart.
Zeitschrift für Urologie. Leipzig.
Zentralblatt für Arbeitsmedizin und Arbeitsschutz. Darmstadt.
Zentralblatt für Chirurgie. Leipzig.
Zentralblatt für Gynäkologie. Leipzig.

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The letters used to explain in which department the matter indexed appears are as follows: "E," Editorial; "C," Correspondence; "ab," abstracts; the asterisk (*) indicates an original article in THE JOURNAL.

This is a subject index and one should, therefore, look for the subject word, with the following exceptions: "Book Notices," "Deaths," "Medicolegal Abstracts" and "Societies" are indexed under these titles at the end of the letters "B," "D," "M," and "S." Matter pertaining to the Association is indexed under "American Medical Association." The name of the author, in brackets, follows the subject entry.

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Acad.—Academy	*Indust.—Industrial*
Am.—American	*Inst.—Institute*
A.—Association	*Internat.—International*
Coll.—College	*M.—Medical*
Commn.—Commission	*Med.—Medicine*
Comm.—Committee	*Nat.—National*
Conf.—Conference	*Pharm.—Pharmaceutical*
Cong.—Congress	*Phys.—Physicians*
Dist.—District	*Soc.—Society*
Div.—Division	*Surg.—Surgery*
Found.—Foundation	*Surgs.—Surgeons*
Hosp.—Hospital	*S.—Surgical*

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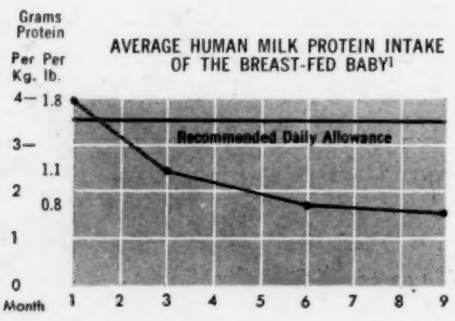

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1. Albanese, A. A.: Pediatrics 8: 455, 1951.

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